**KEY ISSUE FORM**

Keys Issue To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized By: (Faculty Member)

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ISSUE THE FOLLOWING KEYS TO THE ABOVE-NAMED FACULTY/ STAFF/ STUDENT FOR ACCESS TO THE OFFICE/ LAB(S) INDICATED:**

**CLARK HALL:**

OUTSIDE DOOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

ROOM NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

ROOM NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

ROOM NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

ROOM NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

ROOM NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

**HALSEY HALL:**

OUTSIDE DOOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

LAB DOORS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

LAB DOORS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

LAB DOORS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

LAB DOORS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

**WARNER:BADGE ACCESS ONLY** BADGE ACCESS DATE \_\_\_\_\_\_\_\_\_ACCESS END DATE:\_\_\_\_\_\_\_\_\_\_

**KERCHOF:** LAB DOORS: \_\_\_\_\_\_\_KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

**SHOP:** LAB DOORS: \_\_\_\_\_\_\_KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_

**IN ORDER TO PERSERVE THE SECURITY OF THIS BUILDING, I WILL NOT ALTER, COPY OR LEND THESE KEYS TO OTHERS. IN ACCORDANCE WITH THE UNIVERSITY OF VIRGINIA CODE OF HONOR, I WILL RETURN KEYS ISSUED TO ME WHEN THE NEED TO ACCESS THE OFFICE/LAB IS COMPLETED.**

SIGNATURE OF PERSON ISSUED KEYS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KEY RETURN** Date Keys Returned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Return of All Issued Keys: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_