

## **FACILITIES Key Request Form**

UNT Facilities Door Systems Office 307 S. Avenue B, Suite 006					Phone: (940) 565-4888 access.control@unt.edu				
Keyholder Last Name:					Keyholder First Name: M.I.:				
UNT ID#:					Faculty Staff Student Other				
Keyholder Phone:					Keyholder Email:				
Department								Door S	Systems Office
Building Name	Room #	Dept #				uthorizer gnature		Issue #	Keycode
1									
2									
3									
4									
5									
Authorizer Printed N	Authorizer Printed Name Authorizer E			izer Em	nail	Authorizer Phone			
Note: All of the Above Information is Required.									
After-hours access to general building via UNT ID card					Authorizer Signature				
Keyholder's Agreement									
By my signature below, I agree to all the following terms:									
<ol> <li>The key described herein remains the property of the State of Texas and UNT Access Control.</li> <li>This key is entrusted to me for my exclusive use- I will not duplicate it, loan it, exchange it, or otherwise allow its use or possession by any other person.</li> <li>I will report its loss, theft or destruction immediately to my department and to Access Control.</li> </ol>									
<ol> <li>If this key becomes lost, stolen or otherwise not available for return, my department will pay the replacement fee or rekey.</li> </ol>									
<ol> <li>When I terminate employment or no longer need this key, or upon demand from Door Systems, I will return it promptly, in person, and ONLY to the UNT Access Control Office.</li> </ol>									
Note: The original form shall be sent to Access Control and co Keyholder's Signature:					pies retained	by the o		ent and the	keyholder.