



DIVISION OF FINANCE
& ADMINISTRATION
Facilities Department

TEMPORARY KEY REQUEST FORM

FACILITIES

Access Control Office - Sycamore Hall
307 S. Avenue B, Suite 006

Phone: 940-565-4888
access.control@unt.edu

Requester's Last Name:	Requester's First Name:	Expected Return Date:
Name of Company or Department:		Phone Number:
Contact Person:		

Department					Access Control Office		
Building Name	Room Number	Dept. Number	Authorizer Signature	Date	Issue #	Keycode	Date
1.							
2.							
3.							
4.							
5.							

IMPORTANT NOTICE!

In signing this form, the UNT employee takes responsibility for the key(s) and for its return. Said employee may, in turn, give custody of the key to an outside party (i.e., contractor, vender, etc.). However, if the key is lost or not returned for any reason, the employee who authorized the temporary key request will be subject to the actions described in the section below.

KEYHOLDER'S AGREEMENT

By my signature below, I agree to all the following terms:

1. The key described herein remains the property of the State of Texas and UNT Access Control.
2. This key is entrusted to me – I will not duplicate it, loan it, exchange it, or otherwise allow its use or possession by any person other than the user listed above.
3. I will report its loss, theft or destruction immediately to my department and to Access Control.
4. If this key becomes lost, stolen or otherwise not available for return, my department will pay the replacement fee or rekey.
5. When the key is no longer need by the outside party as identified above, or upon demand from Access Control, I will return it promptly, in person, and ONLY to the UNT Access Control Office.

Note: The original form shall be sent to Access Control and copies retained by the department and the keyholder.

Keyholder's Signature:	Date:
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