UNT FACILITIES DEPARTMENT Division of Finance & Administration													
EST. 1890 TEMPORARY KEY REQUEST FORM													
FACILITIES Access Control Office - Sycamore Hall 307 S. Avenue B, Suite 006									Phone: 940-565-4888 access.control@unt.edu				
						er's First Name:			Expe	Expected Return Date:			
Nar	ne o	of Comp	bany or Depa	rtment:		F				Phone Number:			
Contact Person:													
Department									Access Control Office				
Building Name			Room Number	Dept. Number		er Signature	Date)	Issue #	Keycode	Date		
1.													
2.													
3.													
4.													
5.													
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 here	in remains	the property	/ of the Sta	te of Texas and		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. 											
	 I will report its loss, theft or destruction immediately to my department and to Access Control. 												
	4.	4. If this key becomes lost, stolen or otherwise not available for return, I will pay the key replacement fee.											
	5.	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. If I do not return this key, I agree to all the following terms:											
		a.	I will pay the c	urrent key r	eplacement	fee;							
	b. I will, if required, pay the cost for re-keying all affected locks;												
	c. Processing of payment of my retirement refund and other entitlements may be delayed;												
	d. A disciplinary reprimand may be entered in my permanent personnel record;												
	e. The University may bring civil or criminal proceedings against me for theft of state property.												
		Note: 7	he original form	n shall be se	ent to Acces	ss Control a	and copies retai	ned by	the dep	partment an	nd the keyhold	er.	
Keyholder's Signature:									Date:				