

## 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:			
<b>Department</b>							<b>Door Systems Office</b>	
	Building Name	Room #	Dept #	Acct#/DeptID	Authorizer Signature	Date	Issue #	Keycode
1								
2								
3								
4								
5								
Authorizer Printed Name			Authorizer Email			Authorizer Phone		
<b>Note: All of the Above Information is Required.</b>								
After-hours access to general building via UNT ID card					Authorizer Signature			
<p>Keyholder's Agreement</p> <p>By my signature below, I agree to all the following terms:</p> <ol style="list-style-type: none"> <li>1. The key described herein remains the property of the State of Texas and UNT Access Control.</li> <li>2. 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>3. I will report its loss, theft or destruction immediately to my department and to Access Control.</li> <li>4. If this key becomes lost, stolen or otherwise not available for return, I will pay the key replacement fee.</li> <li>5. 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. If I do not return this key, I agree to all the following terms:               <ol style="list-style-type: none"> <li>a. I will pay the current key replacement fee;</li> <li>b. I will, if required, pay the cost for re-keying all affected locks;</li> <li>c. Processing of payment of my retirement refund and other entitlements may be delayed;</li> <li>d. My grades may be blocked;</li> <li>e. A disciplinary reprimand may be entered in my permanent personnel record;</li> <li>f. The University may bring civil or criminal proceedings against me for theft of state property.</li> </ol> </li> </ol>								
<b>Note: The original form shall be sent to Access Control and copies retained by the department and the keyholder.</b>								
Keyholder's Signature:						Date:		