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## DEPARTMENT OF PLANT BIOLOGY KEY ISSUE INFORMATION FORM

AUTHORIZING SIGNATURE \_\_\_\_\_  
A signature authorization is required before a key can be issued

Name: \_\_\_\_\_

Please Print: Last Name, First Name

Please Check One:

Undergrad    Graduate    Postdoc    Visiting Scholar    Staff    Faculty

Emeritus    Other: \_\_\_\_\_

Student Registration/Employee ID Number: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Building	Room #	Serial #	Key #	Issued	Returned

### Key Issue Agreement

I understand and agree that:

1. I am responsible for the University keys issued to me and for immediately reporting their loss or theft to my supervisor and the department office.
2. The keys issued to me may not be transferred or loaned to another person. I understand that unauthorized duplication, use or possession of University keys is a crime. (State of California Penal Code, Section 469.)
3. All keys are to be returned immediately to the department office upon my transfer to another department, termination of employment, withdrawal from school, or when use of the keys becomes unnecessary or unauthorized.
4. No deposit is required but if the keys issued to me are lost a NON-REFUNDABLE fee of \$10 will be imposed for each key lost or not returned to replace the ones lost.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_