Print Form

Key Action Form
Arizona State University

TYPE OR PRINT CLEARLY IN INK

(1) Date _____

Keys Issued to:

(2) Last Name _____ First/M.I. _____ (3) *Affiliate ID _____

(4) College/Department Name _____ (5) Dept. Code _____ (6) Mail Code _____

(7) PO9 Number _____

(8) Keys Requested

(a) Building Name	(b) Room Number	(c) Hinge Number	(d) Building Number	(e) Key Code	(f) Key Number	(g) Transfer From	Office Use Only **Return Date**

(9) Responsibility Statement: ASU strives to provide a safe, secure environment. Your proper use and handling of assigned University keys can help to maintain this environment. To ensure you understand and accept your responsibilities as a University keyholder, please read and sign below.

Per University Key Policy:

- **The keyholder is personally accountable for all University keys issued to them.**
- **If the key(s) is transferred to someone else or returned to the department, it is the keyholder's responsibility to see that the key(s) has been cleared from their records.**
- **University keys may not be reproduced (duplicated).**
- **Misuse of a University key is punishable under Section 13-3715 of the Arizona Revise Statues, and is also subject to administrative disciplinary action by the University.**
- **University keys may not be exchanged or loaned.**
- **Loss of or failure to return an assigned key may make the keyholder subject to a replacement fee.**
- **The University reserves the right to charge the keyholder for any rekeying due to the loss of an assigned key.**
- **Lost or stolen keys must be reported to ASU Police Department within 24 hours of discovery of the loss or theft.**
- **Broken or bent keys must be returned to Facilities Management for replacement.**

I have read the above Responsibility Statement and agree to abide by it:

_____ Authorizer's Affiliate ID

(10) Keyholder Signature _____ (11) Date _____ (12) Authorized Signature _____ Phone # _____ (13) Date _____

Office Use Only

Authorized PD Signature _____ **Date** _____

Authorized Dept. Pickup Person _____ **ASU I.D. #** _____ **Date** _____

* Non-ASU personnel must request a Courtesy Affiliate ID through their ASU sponsor department.