

# Facilities Key Request Form



UNT Facilities Door Systems Office 307 S. Avenue B, Suite 006					Phone: (940) 565-4888 Fax (940) 369-7158 Fax (940) 369-8973			
Last Name:					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 align="center"><b>Keyholder's Agreement</b></p> <p>By my signature below, I agree to all the following terms:</p> <ol style="list-style-type: none"> <li>The key described herein remains the property of the State of Texas and UNT Door Systems.</li> <li>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>I will report its loss, theft or destruction immediately to my department and to Door Systems.</li> <li>If this key becomes lost, stolen or otherwise not available for return, I will pay the key replacement fee.</li> <li>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 Door Systems Office. If I do not return this key, I agree to all the following terms:             <ol style="list-style-type: none"> <li>I will pay the current key replacement fee;</li> <li>I will, if required, pay the cost for rekeying all affected locks;</li> <li>Processing of payment of my retirement refund and other entitlements may be delayed;</li> <li>My grades may be blocked;</li> <li>A disciplinary reprimand may be entered in my permanent personnel record;</li> <li>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 Door Systems and copies retained by the department and the keyholder.</b>								
Keyholder's Signature:						Date:		