

KEY REQUEST

NAME _____ DATE _____
E-MAIL _____ PHONE _____

| BUILDING (Please Circle One) | Checked Out DATE | KEY TAG # | ROOM NUMBER | INITIALS | RETURN DATE | Return To INITIALS |
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AGREEMENT

I understand that the keys above have been issued to me and are the property of the University of Idaho. I agree that the keys issued are for my sole personal use. I am not to lend keys to others or permit any to be reproduced.

I also understand that any keys I've checked out will be returned to Administration at the Niccolls Building – Room 105 or 103 – Margaret Ritchie School of Family and Consumer Sciences upon request or departure from the department.

I acknowledge my responsibility for the security of the keys and the rooms they unlock. I am responsible for the cost of replacing any lost keys checked out to me and not returned. I am further liable for damages that result from my use of offices and spaces to which I have access.

Signature _____