

Health Physics

KEY AUTHORIZATION FORM



Please print:

DR. MRS.
 MR. MISS
 MS. Surname: _____

Given Name: _____

Email: _____ Phone #: _____

Department: _____

STATUS	<input type="checkbox"/> FACULTY	<input type="checkbox"/> UNDERGRADUATE	<input type="checkbox"/> SUPPORT STAFF
	<input type="checkbox"/> GRADUATE STUDENT	<input type="checkbox"/> POST DOCTORAL	<input type="checkbox"/> OTHER: Please state

All KEYS will REMAIN property of the university at all times. The proper use and care is the responsibility of the individual to whom the keys are issued. **KEYS MUST NOT BE LOADED, DUPLICATED** or used in an unauthorized manner

I understand the keys assigned to me are my responsibility and remain the property of McMaster University. I also understand that my department is responsible for the replacement cost of keys that are lost or stolen, as well as rekeying cost as outlined in McMaster University key control.

Request for keys can be emailed to Health Physics at hpys@mcmaster.ca

Key Holder Signature: _____

Supervisor Signature: _____ Print Name: _____

Email: _____ Phone #: _____

Issuer: Monica Owen/Samar Amin

OFFICE USE ONLY \$25.00 /key Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No

Date Issued	Key Name (ex: HAC#)	Key # (top left corner)	Room #	Date Returned	Remarks