KEY AUTHORIZATION

DR. 🔲 MRS.						
MR. MISS	Surname: Given Name:					
MS.				_Given Name:		
DEPARTMENT OF:						
STATUS:		<u> </u>				SUPPORT STAFF
	GRADUATE STUD	ENT L	POST DOC	TORAL		OTHER
RESPONSIBILITY USED IN AN UNA I UNDERSTAND UNIVERSITY. I A	EMAIN PROPERTY OF OF THE INDIVIDUAL T AUTHORIZED MANNER THE KEYS ASSIGNED TO LSO UNDERSTAND THA OR STOLEN, AS WELL A	O WHOM THE K ME ARE MY RE T MY DEPARTN	EYS ARE ISSU SPONSIBILIT MENT IS RESP	JED. KEYS MUST Y AND REMAIN T ONSIBLE FOR TH	NOT BE LOANI HE PROPERTY E REPLACEMEI	ED,DUPLICATED OR OF MCMASTER NT COST OF KEYS
					0.55	
\$20.0						ICE USE ONLY \$20.00 per key EPOSIT PAID
<u>Terri Parker</u> Issuer					YES	NO
				_		
Supervisor		KEY RE	CORD			
DATE ISSUED	Key Name	KEY #	ROOM #	REMARKS		DATE RETURNED
			_			
			_			