KEY AUTHORIZATION

DR. ☐ MRS. ☐
MR. ☐ MISS ☐
MS. ☐ Surname: _____ Given Name: _____

DEPARTMENT OF: _____

STATUS:
☐ FACULTY ☐ UNDERGRADUATE ☐ SUPPORT STAFF
☐ GRADUATE STUDENT ☐ POST DOCTORAL ☐ OTHER

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 LOANED, 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

_____
Key Holder

OFFICE USE ONLY
$25.00 per key
DEPOSIT PAID
☐ YES ☐ NO

Rachel Mwalwanda/ Elisabeth Greve
Issuer

_____
Supervisor

KEY RECORD

DATE ISSUED	Key Name	KEY #	ROOM #	REMARKS	DATE RETURNED