

College of Design Key Request

Date

PLEASE PRINT CLEARLY

Name

Last

First

UO ID Number

Contact Phone

Email Address

Building

Room

Justification for request: _____

Time period for request:

Begin

End

To be signed by department designee.

Department: _____ Approved by: _____

Please Print

Signature: _____

Index: _____

To be read and signed by the person requesting the key(s).

I understand and agree to the following conditions for use of keys.

1. I will not duplicate keys issued to me.
2. I will return keys issued to me to the UO Key Office when requested, at the end date, or when I am no longer affiliated with the university.
3. I will not transfer my keys to another individual.

By signing and receiving approval for keys I understand that I will be expected to help keep our building safe and comply with all fire and safety ordinances. I agree not to allow others to follow me in through doors. I agree to close any doors that may be propped open. I agree to report unusual activities to the **UOPD, Non-Emergency Line (541-346-2919)**

Signature: _____ **Date:** ____/____/____