

**ANIMAL CARE KEY & SWIPE FORM**

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| **First Name:** | | **Last Name:** | | |
| **Student #:** | **Employee #:** | | **UWIN Card # (5 digits on back):** | |
| **Local Phone Number:** | **Cell Number:** | | **Email:** | |
| **Local Address:** | **City:** | | **Province:** | |
| **Department:** | **Supervisor/Primary Investigator:** | | | **AUPP#:** |

**□ Undergraduate □ Graduate Student □ PhD □ Post-doctoral Fellow □ Visiting Scientist □ Staff □ Faculty (Sessional/Permanent) □ Work Study □ Summer Student □Volunteer**

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| **EXTERIOR DOOR ACCESS (swipe access)** | |
| **Biology Building** **□** Yes □ No | **GLIER** **□** Yes □ No |
| **CACF Entrance □** Yes □ No | **Barrier Room (03) □** Yes □ No |
| **ROOMS REQUESTED (keys required)** | |
| **Building Name** | **Room Number** |
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**TERMS AND CONDITIONS**

**With receipt of Keymark/Schlage and/or Best keys I acknowledge the following:**

1. All **students/sessionals** must pay a $50.00 refundable deposit prior to issuing any keys.
2. I am accountable for key(s)
3. I will not loan the key or attempt to have it copied.
4. I will not alter the key in any way, shape, or form.
5. I will use the key for its intended purpose only.
6. I will store the key safely, knowing that lost or stolen keys may result in costly changes to the system.
7. I will immediately report lost or stolen key(s).
8. I will produce or surrender the key(s) upon request.
9. The key(s) remain the property of the University of Windsor and I will return key(s) to Key Control when key(s) is/are no longer required.
10. I will lose any deposit paid for key(s) should I lose or not return all of them.
11. All keys will be picked up and signed for at Maintenance Key Control **(2601 Union Street)**

**\*\*Please bring personal identification with you\*\***

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**Keyholder Signature Date**