



University of Windsor

ANIMAL CARE KEY & SWIPE FORM

First Name:		Last Name:	
Student/Employee #:	Local Phone:	E-mail:	
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

Is this a replacement for a lost or stolen card? Yes No

ROOMS REQUESTED

Building Name	Room Number	Building Name	Room Number

EXTERIOR DOOR ACCESS

Biology Building Yes No **GLIER** Yes No

ACCESS CARD

Active Date: _____ **Expiry Date:** _____

Card Number (enter for changes; leave blank for new): _____

TERMS AND CONDITIONS

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

- All **students/sessionals** must pay a \$50.00 refundable deposit prior to issuing any keys.
- I am accountable for key(s)
- I will not loan the key or attempt to have it copied.
- I will not alter the key in any way, shape, or form.
- I will use the key for its intended purpose only.
- I will store the key safely, knowing that lost or stolen keys may result in costly changes to the system.
- I will immediately report lost or stolen key(s).
- I will produce or surrender the key(s) upon request.
- 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.
- I will lose any deposit paid for key(s) should I lose or not return all of them.
- All keys will be picked up and signed for at Maintenance Key Control (2601 Union Street)

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

Keyholder Signature

Date

Primary Investigator/Lab Manager

Date