

KEYMARK/SCHLAGE/BEST KEYHOLDER INFORMATION

First Name: _____ **Last Name:** _____

Department: _____

Position (Select One):

	Faculty	Staff	Sessional	Undergrad
	Masters	PhD	Visiting Scholar	Visiting Post Doc

Employee/Student Number: _____

Local Address: _____

City: _____ **Province:** _____

Local Phone Number: _____ **Postal Code:** _____

Work Phone Number: _____ **ext.** _____

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

1. **All students/sessionals must pay a \$25.00 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.**

Key holder's Signature: _____

Date: _____

Dept. Contact Person: _____

ext. _____ **E-Mail:** _____

Authorizing Person: _____

Title: _____

Please Print

Authorizing Person Signature: _____

Date: _____

Keys Requested (building and room/door # and key #):