KEY HOLDER CARD

NAME:_____DEPARTMENT:_____

POSITION TITLE:_____OFFICE:_____PHONE#_____

KEYS ARE THE PROPERTY OF THE HSC AND ARE FOR THE EXCLUSIVE USE OF THE PERSON TO WHOM THEY ARE ISSUED. THEY ARE NOT TO BE BORROWED, LOANED, RENTED OR SOLD. **DUPLICATION OF A KEY IS STRICTLY PROHIBITED. KEYS MUST BE RETURNED TO THE FACILITIES OPERATION DEPARTMENT AT THE ISSUING CAMPUS AT THE END OF THE KEY HOLDER'S EMPLOYMENT OR UPON CHANGE OF SPACE OR ROOM ASSIGNMENT. KEYS SHALL NOT BE PASSED ON FROM ONE EMPLOYEE TO THE NEXT.**

R#_____SIGNATURE OF KEY HOLDER:_____

DATE of RETURN:_____SEPARATION SIGNATURE:_____

REMARKS:_____

_____

Key Request # _____/_____/_____/_____/_____/_____/_____

DATE ISSUED	INITIALS	ROOM #	DESCRIPTION	KEY #	DATE RETURNED	INITIALS	NOTES