



KEY REQUEST FORM (KEY AND LOCK CONTROL PRACTICE 3-1-11-03)

Return completed form to Public Safety, Shuniah Building, Room 123D, or e-mail publicsafety@confederationcollege.ca
security@confederationcollege.ca

Date of Request (DD / MM / YYYY): _____

IDENTIFICATION

Department or School Affiliation: _____

Surname: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone(Primary):(_____) _____ - _____ Telephone (Work): (_____) _____ - _____

- | | |
|---|---|
| <input type="checkbox"/> College Employee: Support Staff
<input type="checkbox"/> College Employee: Faculty
<input type="checkbox"/> College Employee: Administration
<input type="checkbox"/> College Student (Not Employed by College or SUCCI)
<input type="checkbox"/> College Volunteer
<input type="checkbox"/> Ontario Work Study Student (Employed by SUCCI) | <input type="checkbox"/> College Contractor: Specify Organization: _____
<input type="checkbox"/> Employed on Campus (Not by College): Specify Organization: _____
<input type="checkbox"/> Renter or Lessee: Specify Organization: _____ |
|---|---|

KEYS REQUESTED			DEPARTMENT USE ONLY				
Building	Room Number	Description (eg. office, welding shop, conference room, etc.)	Lock Type (eg. Russwin or Best)	Key Type (ie. Operating Key, Submaster, Master)	Key Number	Data Entry Initials	Data Entry Date (DD/MM/YY)

DATES KEYS REQUIRED

Date Required From (DD / MMM / YYYY): _____ / _____ / _____ Date Required To (DD / MMM / YYYY): _____ / _____ / _____

AUTHORIZATION FOR REQUEST

Name of Dean, Director, Chair or Manager Authorizing Request (Print): _____

Signature of Dean, Director, Chair or Manager Authorizing Request: _____

KEY RECEIPT

- I accept full responsibility for the key(s) described above.
- I will retain the key(s) in my possession, for my personal use only. I will not loan, give out or transfer my key(s) to anyone.
- I will report lost, misplaced or stolen keys immediately to Public Safety (623-0465).
- I will not duplicate the key(s) described above. I will not permit others to duplicate the key(s) described above.
- I will return the key(s) to Public Safety as requested, when I leave the employ of the College, or when I am no longer a student, contractor, renter, or lessee at the College.
- I understand and agree that violation of this agreement may render me responsible for the expense of replacing keys, locks and / or lock hardware for the affected areas, should my key(s) be lost, misplaced, stolen, duplicated, loaned, given out or transferred.
- I understand that I will be personally responsible for paying a fee of \$10 per key for the replacement of a lost, misplaced or stolen key.
- I also understand that if I do not return the key(s) at the end of my contract, a holdback of \$100 may be applied against my last paycheque or applied to my account. in accordance with the "Key and Lock Control Practice 3-1-11-03".

Date of Receipt (DD / MMM/ YYYY): _____ / _____ / _____ **Signature:** _____