



**WARNER  
PACIFIC  
UNIVERSITY**

# Key Agreement

Name \_\_\_\_\_

Date \_\_\_\_\_

Role with college:

Faculty  Staff  Other (specify) \_\_\_\_\_

Onboarding Supervisor Approval \_\_\_\_\_

Vice President for Finance (for Master Keys)

Justification: \_\_\_\_\_

From (date/time) \_\_\_\_\_ To (date/time) \_\_\_\_\_

Approval \_\_\_\_\_

Key:

Key: Number	Room	Issue Date	Initial	Return Date	Initial
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**I acknowledge responsibility for the keys designated above. I also agree not to loan, transfer, give possession of, misuse, modify, duplicate or alter the above keys.**

**I understand and agree that violation of this agreement in any manner, including loss of keys, may render me responsible for the cost to relock the affected areas.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NEXT: Submit hard copy via campus mail to Director of Campus Safety (Daniel Robles) and allow for approximately 7 business days for processing.**