



**WARNER
PACIFIC
UNIVERSITY**

Key Agreement

Name _____ I.D. # _____

Date _____

Role with University:

Faculty Staff Other (specify) _____

Department Administrator Name: _____ Signature: _____

Key request to exterior of buildings will need to be approved and signed by Vice President for Finance.

Department: _____

From (date/time) _____ to (date/time) _____

VP of Finance Signature for Approval: _____

Room Number	Key Number	Issue Date	*CS Initial	Return Date	*CS 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 original copy via campus mail to Campus Safety and please allow approximately 7 business days for processing.