

KEY REQUEST

NAME _____ DATE _____
 E-MAIL _____ PHONE _____

BUILDING (Please Circle One)		Checked Out DATE	KEY TAG #	ROOM NUMBER	INITIALS	RETURN DATE	Return To INITIALS
Niccolls	Hays						
Niccolls	Hays						
Niccolls	Hays						
Niccolls	Hays						

Niccolls	Hays						
Niccolls	Hays						
Niccolls	Hays						
Niccolls	Hays						

AGREEMENT

I understand that the keys above have been issued to me and are the property of the University of Idaho. I agree that the keys issued are for my sole personal use. I am not to lend keys to others or permit any to be reproduced.

I also understand that any keys I've checked out will be returned to Administration at the Niccolls Building—Room 105 or 103 Margaret Ritchie School of Family and Consumer Sciences upon request or departure from the department.

I acknowledge my responsibility for the security of the keys and the rooms they unlock. I am responsible for the cost of replacing any lost keys checked out to me and not returned. I am further liable for damages that result from my use of offices and spaces to which I have access.

Signature _____