

UNIVERSITY OF CALIFORNIA, IRVINE
KEY/ACCESS CARD USE AUTHORIZATION & AGREEMENT

Key Use Authorization *To be completed by issuing department/unit*

Department: _____ Authorized by: _____

MSO Approval: _____ Finance Analyst Approval: _____

The following person has been issued department keys that access UC Irvine Facilities:

Key Holder: _____ Job Title: _____

Department: _____

Email Address: _____

Key/Card Number	Building/Room	Date Issued	Date Returned

(Key holder to initial entry)

(Key holder to initial entry)

Key Acceptance and Use Agreement *To be completed by receiver of key(s)*

(Initial below)

_____ For and in consideration of the use of the above listed key(s)/Access Card to the University's premises, the undersigned hereby acknowledges receipt of such key(s)/Access Card, and agrees to use such keys only in accordance with the UCI Key Control and Access Policy. **Under California Penal Code 469:** *"Any person who knowingly makes, duplicates, causes to be duplicated, or uses or attempts to make, duplicate, cause to be duplicated, used, or has in his possession any key to a building or other area owned, operated, or controlled by the State of California ... or any state agency ... without authorization from the person in charge of such building or area or his designated representative, and with knowledge of the lack such authorization is guilty of a misdemeanor.* Any person violating this law will be subject to criminal prosecution and/or Administrative discipline from the University.

_____ University Grand Master and Great Grand Master keys will not be taken off campus except as required by official University business, otherwise such keys will be secured at all times.

_____ Theft or Loss of University keys/access cards will be reported to a department/unit supervisor immediately.

_____ Upon separation from the University all assigned key(s)/access card(s) will be returned to the issue department/unit.

_____ In the event the undersigned fails to return assigned key(s), the undersigned agrees that a key replacement fee of \$40.00 will be assessed by the University for each key not returned. Additional fees will be assessed for the rekeying of all locks associated with the assigned key(s).

_____ The undersigned agrees that failure to reimburse the University for any fees assessed related to the loss and or not returning key(s) will result in a hold being placed on transcript requests.

Signature of person receiving key(s) / Access Card(s)

Date

Print Name

Contact PH#