FACILITIES
Key Request Form

UNT FACILITIES DEPARTMENT
Division of Finance & Administration
EST. 1890

UNT Facilities Door Systems Office 307 S. Avenue B, Suite 006	Phone: (940) 565-4888 access.control@unt.edu	
Keyholder Last Name:	Keyholder First Name:	M.I.:
UNT ID#:	Faculty Staff Student Other	
Keyholder Phone:	Keyholder Email:	

Department / Door Systems Office

	Building Name	Room #	Dept #	Acct#/DeptID	Authorizer Signature	Date	Issue #	Keycode
1								
2								
3								
4								
5								

Authorizer Printed Name	Authorizer Email	Authorizer Phone

Note: All of the Above Information is Required.

After-hours access to general building via UNT ID card	Authorizer Signature

Keyholder's Agreement

By my signature below, I agree to all the following terms:
1. The key described herein remains the property of the State of Texas and UNT Access Control.
2. This key is entrusted to me for my exclusive use- I will not duplicate it, loan it, exchange it, or otherwise allow its use or possession by any other person.
3. I will report its loss, theft or destruction immediately to my department and to Access Control.
4. If this key becomes lost, stolen or otherwise not available for return, I will pay the key replacement fee.
5. When I terminate employment or no longer need this key, or upon demand from Door Systems, I will return it promptly, in person, and ONLY to the UNT Access Control Office. If I do not return this key, I agree to all the following terms:
   a. I will pay the current key replacement fee;
   b. I will, if required, pay the cost for re-keying all affected locks;
   c. Processing of payment of my retirement refund and other entitlements may be delayed;
   d. My grades may be blocked;
   e. A disciplinary reprimand may be entered in my permanent personnel record;
   f. The University may bring civil or criminal proceedings against me for theft of state property.

Note: The original form shall be sent to Access Control and copies retained by the department and the keyholder.

Keyholder's Signature:	Date:

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