University of California, Irvine
Department of Chemistry

Name: _____

Email: _____

KEY AGREEMENT

All personnel who are being issued University keys must sign this form. It is understood and agreed that:

1. I am responsible for any University key issued to me and I will report its loss/theft immediately. I agree to pay a $20 per key deposit for each key issued to me. I agree to forfeit this deposit in the event of the loss of the key(s).
2. The key issued to me may not be reproduced; except by the University of California, Irvine.
3. I agree not to loan my key(s) to any other person.
4. Before I leave UCI, I will return all keys issued to me, as recorded by the Department, to 1120 Natural Sciences II and the $20 per key deposit will be returned to me, unless I have forfeited the return of my deposit by losing my key(s) during my employment in the Department of Chemistry.

Name (print) _____ Laboratory_____

Title/position _____ Phone Number_____

Signature _____ Date _____

- FOR OFFICE USE ONLY -

PI Approval	ROOM #	BLDG.	OPENS	KEY #	SERIAL #	DATE ISSUED	DEP. REC'D	DATE RET'D	DEP. RET'D