

**MEDECO KEY
HIGH SECURITY
AUTHORIZATION CARD**

Clinton Center, Room 106, Key Center
Hours: 7 a.m. – 4:30 p.m. M-F 878-6111

Issue To: _____ (Please Print)

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Faculty Staff Student

College ID # Last 8 Digits: _____

Department: _____

Telephone #: _____ Home Address: _____

KEY REQUESTED

(Use one (1) key card per key being requested.)

BUILDING: _____

Room: _____

Approved By:

Director, Chair or Dept. Head _____ Date: _____

Dean: _____ Date: _____

*UNIVERSITY POLICE: _____ Date: _____

*University Police **SIGNATURE IS MANDATORY IN ADDITION TO ONE OTHER SIGNATURE**

Campus Services Use ONLY
KEY ID: _____
SERIES #: _____

RULES AND REGULATIONS

1. Keys may not be transferred, loaned or duplicated except by College Lockshop. The Lockshop will ONLY duplicate College keys.
2. A charge of \$5 will be assessed for each key replacement.
3. A charge of \$25 will be assessed for each key not returned to the Key Center upon termination of employment.
4. A charge of \$25 will be assessed for any lock change necessitated by lost or stolen keys.
5. Keys can only be issued to a person, NOT a department.
6. No person can obtain more than one key to a specific area UNLESS approved by Director of Campus Services or Coordinator of Business Systems.
7. After receipt of Key Card, there may be a 2-day wait due to availability.
8. Faculty and Staff are issued keys for the duration of their employment.
9. Students are issued keys on a semester basis.

I have read the foregoing regulations and agree to abide by them. I hereby authorized the College to withhold the appropriate key fines from my salary for all keys not returned to the Key Center by my final date of employment.

SIGN WHEN KEY IS ISSUED TO YOU:

Signature _____ Date _____