

MASSACHUSETTS COLLEGE OF ART AND DESIGN

FACULTY/STAFF KEY REQUEST

Please Print/Type

Date: _____

Name (Who key(s) will be issued to): _____

DEPARTMENT: _____ TITLE: _____

EMAIL: _____ PHONE: _____

KEY(S) REQUESTED:

BUILDING(S): _____ ROOM #(S)/AREA: _____

KEY SYMBOL (S) (i.e. "AA1", "ZB1", "B1" etc.): _____

ANTICIPATED COLLECTION/RETURN DATE OF KEY TO FACILITIES: _____

REASON FOR REQUEST:

NEW EMPLOYEE: { }

REPLACEMENT KEY: { }

OTHER (PLEASE EXPLAIN): { } _____

KEY AUTHORIZATION (Dept. Chair or Area Director):

PRINT NAME: _____

AUTHORIZED SIGNATURE: _____

FACULTY/STAFF KEY CONTRACT

I acknowledge Contract of the key listed above. I understand that the key is property of the Commonwealth of Massachusetts and that unauthorized duplication of same is a violation of Massachusetts law.

I understand that I am responsible for reporting lost, stolen or defective keys and for returning key(s) **directly to Facilities** when my need for same no longer exists. I further understand that I am financially responsible for lost or stolen keys.

SIGNATURE: _____ **DATE:** _____