CCE KEY POLICY

Keys will be assigned to all new faculty, staff, visiting professors or scholars and graduate students after a faculty or administrative signature has been obtained. A completed *Key and Building Request form* (found at www.ce.ufl.edu/forms/graduate) must be submitted to the Graduate Records and Advising Center. A key will then be given to the requestor. Since it is difficult for the key coordinator to track down undergraduate students and post doc students, keys for these groups will only be assigned to the faculty member or the club/organization sponsor and he/she will be responsible for maintaining this key inventory and returning the keys to the coordinator once surrendered by the holder.

Students are required to surrender their keys prior to the commencement ceremony. A hold will be placed on the graduating student's account unless the key is returned prior to commencement. In the case that a student will be continuing on for further graduate work or as a post doc, he/she should meet with the key coordinator to inform her/him that this is the case. If the student is a post doc, his/her key will be reassigned to the student's faculty supervisor.

8/31/09

KEY APPROVAL & BUILDING ACCESS FORM

NO MASTER KEYS WILL BE ISSUED TO STUDENTS. SUB-MASTER KEYS MUST BE REQUESTED BY FACULTY AND APPROVED BY THE DEPARTMENT CHAIR!

Keys issued to students will require approval by faculty or department administration. *Return of keys is considered a requirement for graduation or grades in courses*. Keys will be surrendered to the department, college, or university authorities immediately upon request.

Name			UF ID #	
Department Status	s: Undergrad () G	rad Student O St	aff (Faculty (Visiting Prof/Scholar O
E-mail Address:	(If a key needs to be o	rdered, you will be not	ified by e-mail when it	is ready.)
Local Phone Numb	per:			
Permission for Acc	cess:			
This individual has key to each:	my permission to gair	access to the follow	ving rooms and shoul	d be assigned an entry
	Room #	Building		
	Room #	Building		
	Room #	Building		
	Room #	Building		
Will this student need after-hours building access? O Yes O No				
Name of Faculty:	(Typed or Pri	nted Name of Fac		aled by Faculty:
I, the undersigned, acknowledge receipt of the keys designated above and/or building access. I also agree not to loan, transfer, give possession of, misuse, modify or alter the above keys and/or building access. I further agree not to cause, allow, or contribute to the making of any unauthorized copies of the above keys and/or building access. I understand and agree that violation of this agreement may render me responsible for the expense of a relock for the affected areas and replacement of equipment and/or materials missing due to my misuse of this privilege.				
Student Signature: _	Date			
FOR OFFICE USE ONLY:				
Room Number	Key Number	Issue Number	Date Issued	Date Returned