

KEY POLICY

Keys will be assigned to ESSIE personnel after a signature or email authorizing access has been obtained from the designated space supervisor or school director of the secured area. A completed *Key and Building Request form* (found at http://www.essie.ufl.edu/forms/?document_cat_id=10) must be submitted to the responsible ESSIE Key Coordinator. A key will then be issued.

The key holder will be responsible for returning the key ***ONLY to the ESSIE Key Coordinators*** upon completion of their work or at anytime requested by the key coordinator. The space supervisor is responsible for ensuring that the key holder does so. If the key is not returned, the locks will be rekeyed and new keys reissued at the space supervisor's expense.

Students are required to surrender their keys prior to the commencement ceremony. In the case that a student will be continuing on for further graduate work or as a post doc, they have the space supervisor inform the key coordinator that this is the case.

Key Holder initial

I have read and understand the above
key policy for the keys I am receiving

01/12/2023

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 SCHOOL DIRECTOR!

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:	Undergrad	Grad Student	Staff	Faculty	Visiting Prof/Scholar
Estimated Graduation (semester/Year)					Return Date _____

E-mail Address: _____
(If a key needs to be ordered, you will be notified by e-mail when it is ready.)

Local Phone Number: _____

Permission for Access:

This individual has my permission to gain access to the following rooms and should be assigned an entry key to each:

Building _____	Room # _____	Building _____	Room # _____
Building _____	Room # _____	Building _____	Room # _____
Building _____	Room # _____	Building _____	Room # _____
Building _____	Room # _____	Building _____	Room # _____

Will this person need after-hours building access?	Yes	No

Authorizing Faculty: _____

Faculty Signature: _____ or _____ EMail Authorization on file

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.

Signature _____ Date _____

FOR OFFICE USE ONLY

[illegible]