

# KEY/ACCESS CARD USE AUTHORIZATION & AGREEMENT

School of Biological Sciences, University of California, Irvine

THIS FORM MUST BE SIGNED BY ALL EMPLOYEES AND/OR STUDENTS ISSUED UNIVERSITY KEYS

NAME		PHONE NUMBER		POSITION	
DEPARTMENT		EMAIL ADDRESS			

KEY/ACCESS CARD	BUILDING	ROOM NUMBER

## AGREEMENT

It is understood and agreed that:

- For and in consideration of the use of the above listed key(s)/access card to the University's premises, the undersigned hereby acknowledges receipt of such key(s)/access card(s), and agrees to use such only in accordance with the UCI Key Control and Access Policy, including the requirement that University Great Grand Master and Grand Master keys shall not be taken off campus except as required by official University business, and that University keys shall be secured at all times. Keys are the property of UC Irvine, and the key(s) issued to me may not be reproduced or copied for any reason, except by the University of California, Irvine.
- I am responsible for the university key(s)/access card(s) issued to me and theft or loss of University keys/access cards will be reported immediately to BioSci Facilities at [biosci-facilities@uci.edu](mailto:biosci-facilities@uci.edu). I agree to reimburse the University for reasonable costs necessary to replace keys or to change locks (not to exceed \$150.00 per lock) in the event the loss of key jeopardizes the security of University spaces.
- I agree not to loan my key(s) to any other person.
- Upon separation from the University, all assigned key(s)/access card(s) will be returned immediately to BioSci Facilities in Natural Sciences 1, Room 2126.
- In the event the undersigned fails to return assigned key(s), the undersigned agrees that a key replacement fee of \$40.00 will be assessed by the University for each key not returned. Additional fees will be assessed for the rekeying of all locks associated with the assigned key(s).

## SIGNATURE

I understand the above agreement and take responsibility for the key(s) issued to me.

Signature: \_\_\_\_\_

## AUTHORIZATION

Principal Investigator or Approval Authority:

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

RETURN COMPLETED FORM TO: [biosci-facilities@uci.edu](mailto:biosci-facilities@uci.edu)

Note: For Vivarium access, visit the [ULAR Facilities Access Page](#)