

Please issue the following keys or access to:

PRINT **NAME** OF KEY HOLDER _____ **EMPLID** _____

PHONE TO NOTIFY WHEN KEYS ARE READY * _____ (can be advisor/supervisor's if desired)

E-MAIL TO NOTIFY WHEN KEYS ARE READY * _____ (can be advisor/supervisor's if desired)

- NDSU status:
- employee
 - graduate assistant
 - student (non-employee)
 - _____ (other: example, visiting scholar)

Building	Room description & Room #	Key Code (if known)
	<i>Does this person need ANPC card access? If so, list it here!</i>	

TO BE COMPLETED AND SIGNED BY THE ADVISOR OR DIRECT SUPERVISOR (authorizing keys and funding)

I understand that there is a charge for every key that is lost or that is not returned upon termination of employee/graduate student status. The Animal Sciences Department will be charged for these keys and I agree that the department will be reimbursed for these charges out of my own funding. I will inform the person above that they may, in turn, be billed for any lost or unreturned keys and that a hold on their student account or paycheck could result.

I authorize the department Key Control Official to issue the keys above to the person listed at the top.

Date

Signature of Advisor/Direct Supervisor

Phone number

Printed Name of Advisor/Direct Supervisor

* Facilities Management will use phone/email information to contact the employee directly when keys are ready to sign for & pickup in Thorson Maintenance Center on Bolley Drive.

This form goes to the department key control official.