

## **Department Key Issuance Form**

	**This section to be completed by Authorizing Department**				
Dept. Authorization	By signing this form I hereby authorizeeach room specified below for the Bourns College of Engineerin Material Sciences & Engineering Bldg (MSE), and/or Winston Ch				
	Signature of Chair (Key User's Home Dept.) Signature of FAO (Key User's Home Dept.) Signature of Chair (Home Dept. for Space - if different than Key User's Home Dept.)				
Affiliation Information	Staff Faculty Visiting Faculty Researcher Lecturer	Research Asst Teaching Asst Student Asst Graduate Student Other	Expected Key Return Date (manda Check HERE if permanent facul Notes:	ttory field): ty or staff (no return date required)	
sw	Building	Room number	Key # (entered by Dean's Office)	Date Returned	
Requested Rooms					
Re					
Si	**This section to be completed upon key issuance**  Key Recipient:  By signing this form I accept responsibility for the key(s) I have been issued and will return them to my Department or to the BCOE Dean's office upon graduation, separation, termination or if directed to by my Department or by the BCOE Dean's office. I acknowledge the "Expected Key Return Date" above and know I must alert my department office if I expect to need to extend this date. Failure to return keys could result in a delay of final separation, graduation, or course registration document processing.				
Signatures	Print N	Name	Sign Name	 Date	
	Name and signature of BCOE Staff issuing keys:				
	Print Name  Name and signature of BCOE Staff receiv		Sign Name	Date	
	Print N	lame	Sign Name	Date	
	**Dean's Office Use Only**  Key issuance entered into database onby				