



# Key Loan Form

347 Memorial Union • UC Davis • Davis, CA 95616-8530 • (530)752-1990

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ID CARD #: \_\_\_\_\_

\_\_\_\_\_ UNIT NAME: \_\_\_\_\_

\_\_\_\_\_ POSITION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

KEY #			
ROOM # + BUILDING			

By accepting issuance of the above described key(s), the undersigned individual acknowledges his or her acceptance of all provisions outlined in the "Keys" section of the Unit Director's Handbook. Specifically, the undersigned agrees:

*(Please initial on each line)*

\_\_\_\_\_ A. To pay a \$15.00 deposit as collateral for said key(s); and

\_\_\_\_\_ B. To notify the ASUCD HQ Office immediately if an ASUCD key is lost or suspected of being lost; and

\_\_\_\_\_ C. To pay a lost key charge of \$5.00 per key for each key which is lost; and

\_\_\_\_\_ D. That a hold will be placed on your transcript and registration packet, plus your deposit will NOT be refunded if the key(s) are not returned within 30 days of your termination from ASUCD.

\_\_\_\_\_ E. THAT KEYS ARE NOT TRANSFERRABLE.

Keys received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of ASUCD Employee

Keys requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of ASUCD Unit Director

### FOR Headquarters Office USE ONLY:

#### DEPOSIT ON FILE:

RECEIPT #: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

Keys approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
ASUCD Office Manager, Business Manager or Controller