

asucd 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 Student Services 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 Student Services Office USE ONLY:

DEPOSIT ON FILE:

RECEIPT #: _____ AMOUNT \$ _____

Keys approved by: _____ Date: _____
ASUCD Controller or Business Manager