

University of California, Berkeley
 Access Control System
BRASSKEY REQUEST

KEYSTAMP# _____

Name: _____
(Please print Last name, First name)

University of California ID# _____

Job Title: _____

Work Address: _____ Work Phone: _____
(Room, Building, Mail Code, Campus)

Principal Investigator or Supervisor: _____

Access Requested: Room(s): _____, Building: _____
 Comments: _____

(Check one:)

Faculty Staff E-mail Address: _____
 Post-Doc Graduate Undergrad Other: _____

AGREEMENT

I understand and agree the key issued upon approval of this request in the property of the Regents of the University of California and the following conditions apply to its use:

- (a) This key may not be used by anyone other than the person named above.
- (b) This key may not be duplicated.
- (c) Loss of the key must be reported immediately to OLAC (642-9232). There is no return of deposit for lost keys.
- (d) The key must be returned upon request or at the time of separation from the University of California.
- (e) There is a \$10.00 deposit per key, \$5.00 of which is refundable upon return of the key.
(Make checks payable to: UC Regents)

Abuse of the key privilege and/or non-compliance with this agreement is a violation of California Penal Code 469, and may result in revocation of key use and/or disciplinary or criminal action.

_____/_____/_____
 Cardholder Signature Date PI Authorization Date

Please do not write below this line

	By	Deposit Amount	Date
Dispensed			
Returned			
Deposit	<input type="checkbox"/> Cash <input type="checkbox"/> Check		

 OLAC Authorized Signature Date LSO Authorized Signature Date