

**KEY REQUEST/AGREEMENT/RETURN FORM**

**PART 1: Requester Information**

Name of person whom key (s) will be issued: \_\_\_\_\_  
(Print Name)

Title/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Campus: \_\_\_\_\_  
(Building) (Room(s))

Authorized Signature: \_\_\_\_\_  
(Requester's Department Head) (Date)

If the space is assigned to another department, that department head's approval:

Authorized Signature: \_\_\_\_\_  
(Department Head of Assigned Space) (Date)

**PART 2: Agreement**

I, the undersigned, agree to keep all keys belonging to the College in my possession while on duty, to exercise due care to ensure that the keys are not misplaced or lost. I agree to notify the Facilities Department as well as the Public Safety Department immediately, should I discover that any key issued to me has been misplaced, lost or stolen. I agree not to duplicate key (s), transfer key (s) or allow to use keys (s) issued to me without preapproval from my department head.

I will not hesitate to notify the Facilities Department of the misplaced, lost or stolen key (s), on the assumption that it will be found. I agree to abide by all the provisions of "**BCCC's Key Control and Access Policy and Procedures**," a copy of which is available to me on request from the Facilities Department. I agree to return any key(s) upon separation from the College, including keys that are in my possession issued by other means. **Key Audit:** In an attempt to verify key records, periodic random checks and audits of keys may be conducted by the College's Police Department when deem necessary.

I, \_\_\_\_\_ agree and acknowledge receipt of keys listed below.  
(Signature)

\_\_\_\_\_  
(Date)

**PART 3: Possession and Return**

**(FACILITIES DEPARTMENT USE ONLY)**

Approval: \_\_\_\_\_  
(Date)

Key Code (s): \_\_\_\_\_ Serial No. (s): \_\_\_\_\_  
\_\_\_\_\_

The following keys were returned to the Facilities Department:

Key Code (s): \_\_\_\_\_ Serial No. (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Returned by: \_\_\_\_\_  
(Signature) (Date)

Received and cleared by: \_\_\_\_\_  
(Signature) Facilities Personnel (Date)