

BEMIDJI STATE UNIVERSITY
BRASS KEY REQUEST FORM

KEY RECIPIENT NAME	_____	TECH ID#	_____
CAMPUS ADDRESS	_____	CAMPUS PHONE#	_____
OFF-CAMPUS ADDRESS	_____	OFF-CAMPUS PHONE#	_____

BUILDING	ROOM #	KEY ISSUED	DATE ISSUED	DATE RETURNED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DATE KEY (s) WILL BE RETURNED:

SIGNATURE OF DIRECT SUPERVISOR	EMAIL ADDRESS OF SUPERVISOR
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I, the undersigned, acknowledge receipt of the keys designated above. I also agree not to loan, transfer, give possession of, misuse, modify or alter the above keys. I further agree not to cause, allow or contribute to the making of unauthorized copies of the above keys. I agree to return the keys to the Key Office (Deputy 350) by the specified return date or upon departure from the University. I understand and agree that violation of this agreement may render me responsible for the expenses of replacement keys in an assessed fee of \$50.00 per key.

SIGNATURE OF KEY (s) RECIPIENT	EMAIL ADDRESS OF KEY RECIPIENT
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CLASSIFICATION:

Faculty☐

Staff☐

Graduate Assistant☐

Adjunct☐

Student☐

Other☐_____