

Recreation & Wellness/SRWC Key Check-Out Authorization Form

1. I acknowledge that I have received and understand the Recreation & Wellness/Student Recreation Wellness Center KEY/ACCESS POLICY.
 - a. I agree to abide by this policy and understand that any violation may result in revocations of the key check-out privilege.

Initials: _____

2. I agree to return all key(s) checked out to the key box or exterior key box when not in use or transfer the keys through the key transfer form.

Initials: _____

3. I agree to pay the replacement fee set by Facilities Management for key(s) that were lost during my check-out.

Initials: _____

4. Failure to return key(s) or pay the replacement fee may result in a hold being placed on my academic records or amount withheld from my final paycheck.

Initials: _____

Key Sets Requesting/Updating permissions (Circle/Highlight all that apply):

1 Safe	2 Main Office	3 Main Office 2	4 Room 112	5 Room 111	6 Room 110	7 Operations	8 Room 109
9 Ext Door	10 Int Master	11 Cart key	12 Cart key #2	13 Electrical Rms	14 Womens Vending	15 Bulletin Boards	16 Ropes Course
17 MS #1	18 MS #2	19 MS #3	20 IM Storage	21 Van 262	22 Van 257	23 PDC Fitness	24 Supplies
25 Ext Door 2	26 Outdoors	27 Aquatics	28 OMs	29 IMs	30 Int Master 2	31 Light Pole	32 Rac Storage

Requesting Fusion Access: YES NO

Requesting Computer Account Login: YES NO

All Current Position(s): _____

Print name: _____

Signature: _____

Date: _____

Routing: (for internal use)

Director: _____ IT Coordinator: _____ Administrative Analyst: _____