

101 Graves Hall Administrator's Initials: _____

KCF#: _____

Date Received: _____

Key Control Form for Graves Hall

**All required information and signatures must be present before this form will be processed.
Keys for Graves Hall are secured from and returned to 101 Graves Hall.**

Name: _____ **Date:** _____

Email: _____ **CWID:** _____

Purpose of Key(s):	Office	Classroom Instruction	Event
Status:	<input type="checkbox"/> Faculty	<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Staff
	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Adjunct Faculty	<input type="checkbox"/> Post Doctoral Fellow

Position Appointment End Date: _____

Room #	Key # (for administrative use only)

Requesting Department: _____

Include entrance access via Action Card: Yes / No (requested by department not individual)

Supervisor: _____ Signature: _____

Department Head: _____ Signature: _____

Department Account #/FOPAL: _____

If Requesting Department differs from Issuing Department:

Issuing Department: _____

Department Head: _____ Signature: _____

Key Control Agreement

By signing this form, the recipient agrees to notify the Building Administration Office if the requested/issued key is lost or stolen. The recipient also agrees to reimburse The University of Alabama \$25 for each key that is not returned. In addition, the requesting recipient's department agrees to reimburse the Key Shop Division of the Department of Public Safety \$50 for each lock cylinder that must be re-cored plus the costs for any other replacement keys resulting from a lock change.

Recipient's Signature: _____ **Date:** _____

(To be signed and dated upon receipt of keys)