

Lucy Hall Administrator's Initials: _____

KCF#: _____

Date received: _____

Key Control Form for Lucy Hall

All required information and signatures must be present before this form will be processed. Keys for Lucy Hall are secured from and returned to 304A Lucy Hall.

Name: _____ Date: _____

Email: _____ CWID: _____

Purpose of Key(s): Office Classroom Instruction Event

Status: Faculty Undergraduate Student Staff
 Graduate Student Adjunct Faculty Post-Doctoral Faculty

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: _____ Supervisor Signature: _____

Department Head: _____ Department Head Signature: _____

Department Account #/FOPAL: _____

If Requesting Department differs from Issuing Department:

Issuing Department: _____

Department Head: _____ 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 a/so 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)