UCLA Graduate School of Education & Information Studies

KEY REQUEST FORM

<table>
<thead>
<tr>
<th>Name</th>
<th>Extension</th>
<th>Date</th>
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**Status:**
- Faculty
- Career Employee
- Visiting Scholar
- Post-Doctoral/Lecturer
- Graduate Student
- Student Employee
- Casual
- Other

**Room** | **Key No.** | **Receipt No.** | **Cash/Check No.** | **Return Date**
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Signature of Supervisor __________________________ Date __________________________

**Individual receiving key(s)**

I agree to assume responsibility for the key(s) assigned to me, and to return such key(s) when requested to do so. I forfeit my deposit if key(s) is lost. Replacement keys are $25.00. **University rules prohibit the duplication by an individual.** Key Deposit Fee: $20 (room and bldg); $10 (file).

Signature __________________________ Date __________________________