

Card # _____

UCLA
Graduate School of Education & Information Studies
KEY REQUEST FORM

Name _____ Extension _____ Date _____

Status: Faculty Career Employee Visiting Scholar
 Post-Doctoral/Lecturer Graduate Student Student Employee Casual

Employee Other _____

Room	Key No.	Receipt No.	Cash/Check No.	Return Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Supervisor _____ Date _____

□□□□□□□□

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 _____

Individual receiving key(s)

Card # _____

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