

# MSUMC Key Access Request

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requesting Party: \_\_\_\_\_ Phone: \_\_\_\_\_

Request key access for the following area:

---

---

Reason for key access:

---

---

## For Office Use Only:

Building	Room	Key ID	Issued	Returned	Lost

Authorizing Trustee: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand and agree that:

1. I am responsible for the MSUMC keys issued to me and for immediately reporting their loss or theft to the MSUMC Trustees as well as the MSUMC Office.
2. The keys issued to me may not be transferred or loaned to another person.
3. MSUMC keys may not be duplicated except by request of the Trustees.
4. All keys are to be returned immediately to MSUMC Trustees when use of the keys becomes unnecessary or unauthorized.

Key Holder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_