UCI LIBRARY KEY CHECK OUT FORM

Key Holder:_____ Access Needed To: _____Keys Requested:_____

Position:_____Department:_____ Work Phone:_____

I have read and understood the lost key policy: _____

DEPARTMENT HEAD/SUPERVISOR AUTHORIZATION: _____

Below is for Facilities Use Only

Check Out By	Date Issued	Key Code	Key Serial	Tag #	Initial Here	Check in By	Date Returned	Initial Here
_____	___/___/___	_____	_____	____	_____	_____	___/___/___	_____
_____	___/___/___	_____	_____	____	_____	_____	___/___/___	_____
_____	___/___/___	_____	_____	____	_____	_____	___/___/___	_____
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_____	___/___/___	_____	_____	____	_____	_____	___/___/___	_____
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_____	___/___/___	_____	_____	____	_____	_____	___/___/___	_____
_____	___/___/___	_____	_____	____	_____	_____	___/___/___	_____
_____	___/___/___	_____	_____	____	_____	_____	___/___/___	_____
_____	___/___/___	_____	_____	____	_____	_____	___/___/___	_____
_____	___/___/___	_____	_____	____	_____	_____	___/___/___	_____