Neuroscience
Key/Access Card Issue Form

NAME: _____☐ Faculty ☐ Staff ☐ Student ☐_____

HOME ADDRESS:_____
Street address City State Zip

TELEPHONE NUMBER:_____E-MAIL ADDRESS:_____

UC ID #:_____DEPARTMENT_____LAB/AFFILIATION:_____

Card Access (check all that apply):

1544 Newton Ct. ☐ Entry Doors ☐ Mechanical Shop
1515 Newton Ct. ☐ Entry Doors ☐ Vivarium (main) ☐ 613A ☐ 613B ☐ Gate Only
1633 DaVinci Ct. ☐ Entry Doors ☐ Lab Area ☐ Vivarium
1629 DaVinci Ct. ☐ Entry Doors ☐ Mechanical Room ☐ MRI SKYRA

DEPARTMENT AUTHORIZED REPRESENTATIVE: _____

I understand and agree that:

1. I am responsible for the University keys/access card issued to me and for immediately reporting their loss or theft to the Police Department, as well as to my supervisor or department head.

2. The keys/access card issued to me may not be transferred or loaned to another person. I understand that unauthorized duplication, use or possession of University keys is a crime (State of California penal Code, Section 469.)

3. University keys may not be duplicated except by the UCD Physical Plant Department.

4. All keys/access cards are to be returned immediately to my supervisor or department head upon my transfer to another department, termination of employment, withdrawal from school, or when their use becomes unnecessary or unauthorized.

Signature: _____Date:_____

KEY/CARD NUMBER	SERIAL NUMBER	DATE OUT	INITIALS	DATE LOST	DATE RETURNED	SIGNATURE