KEY PERMISSION FORM
METRO - ETOX - LAWR – WFCB

Last Name	
First Name	
UCD Email	
Kerberos	
Main Phone	
Alt Phone	

Department/Unit

☐ ETOX
☐ LAWR
☐ WFCB
☐ METRO
☐ ORU
☐ OTHER

Type:

☐ **Academic Coordinator**
☐ **Adjunct Professor**
☐ **Emeriti**
☐ **Graduate Student**
☐ **I&R Professor**
☐ **Junior Specialist**
☐ **Lecturer SOE**
☐ **Postdoc**
☐ **Professor of CE**
☐ **Professional Researcher**
☐ **Project Scientist**
☐ **Researcher**
☐ **Specialist**
☐ **Sr. Lecturer**
☐ **Staff**
☐ **Undergraduate**
☐ **Visitor**
☐ **Volunteer**

EMPLOYMENT INFORMATION	
Supervisor	
Sup Email	
Start Date	
End Date	
Job Title	
Program	

Work Location	
Building	
Lab/Room #	
Work Phone	
Performing Lab Work?	☐ Yes ☐ No ☐ Don't Know

KEYS - *PLEASE COMPLETE ALL APPROPRIATE FIELDS WHEN ISSUING AND RECEIVING KEYS*

Issued for Access to:	Serial #	Key #	Issue Date	Due Date	Returned / Lost Date	Receiver Initials

PLEASE REPORT ANY LOST OR STOLEN KEYS **IMMEDIATELY**.

I understand and agree that:

1. I am responsible for the University keys issued to me and for immediately reporting their loss or theft to the UC Davis Police Department, as well as to METRO/ETOX/LAWR/WFCB's key custodian.

2. The keys 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 are to be returned immediately to METRO/ETOX/LAWR/WFCB's key custodian upon my transfer, termination of employment, withdrawal from school, or when use of the keys becomes unnecessary or unauthorized.

5. Requesting a key to someone else's lab requires the PI's approval so that they are aware of it.

Receiver Signature: _____   Date: _____

Print Name: _____

The above-named person has my permission to receive keys to access the following:

_____

Authorizing Signature: _____   Date: _____

Print Name: _____