**Key Action Form**

**Arizona State University**

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**TYPE OR PRINT CLEARLY IN INK**

Keys Issued to:

1. Date ________________
2. Last Name ____________________________ First/M.I. ____________________________
3. ASU I.D. Number ____________________________
4. College/Department Name ____________________________
5. HRMS Code ____________________________
6. Mail Code ____________________________
7. PO9 Number ____________________________

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### Keys Requested:

<table>
<thead>
<tr>
<th>(a) Building Name</th>
<th>(b) Room Number</th>
<th>(c) Hinge Number</th>
<th>(d) Building Number</th>
<th>(e) Key Code</th>
<th>(f) Key Number</th>
<th>(g) Transferred From</th>
<th>Office Use Only Return Date</th>
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9. **Responsibility Statement:** ASU strives to provide a safe, secure environment. Your proper use and handling of assigned University keys can help to maintain this environment. To ensure you understand and accept your responsibilities as a University keyholder, please read and sign below:

Per University Key Policy:

* The keyholder is personally accountable for all University keys issued to them.
* If the key(s) is transferred to someone else or returned to the department, it is the keyholder's responsibility to see that the key(s) has been cleared from their records.
* University keys may not be reproduced (duplicated.)
* Misuse of a University key is punishable under Section 13-3715 of the Arizona Revised Statutes, and is also subject to administrative disciplinary action by the University.
* University keys may not be exchanged or loaned.
* Loss of or failure to return an assigned key may make the keyholder subject to a replacement fee.
* The University reserves the right to charge the keyholder for any rekeying due to the loss of an assigned key.
* Lost or stolen keys must be reported to ASU Department of Public Safety within 24 hours of discovery of the loss or theft.
* Broken or bent keys must be returned to Facilities Management for replacement.

I have read the above Responsibility Statement and agree to abide by it:

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10. **Keyholder Signature** ____________________________
11. **Date** ________________
12. **Authorized Signature/Phone #** ____________________________
13. **Date** ________________

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**Office Use Only**

Authorized DPS Signature ____________________________ Date ________________

Authorized Dept. Pickup Person ____________________________ ASU I.D. # ____________________________ Date ________________
Key Action Form Instructions

Please type or print clearly in ink to ensure information is legible.
When form is complete, forward original and two (2) copies to the front desk, Department of Public Safety, DPS 100, mail code 0804.

Key Coordinator's Instructions: Please complete the following areas.

1. Today's date.
2. Keyholder's name: last name, first name, middle initial.
4. Home department of key coordinator.
5. Home department HRMS (Payroll) code.
6. Home department mail code.
7. PC9 number for payment of keys (if needed.) The first three keys for an individual to any given building are free.
8(a). Building name.
8(b). Room number.
8(c). Permanent number on hinge of door for which key is being requested. Master hinge list for key coordinator's area can be obtained from Lock Shop.
8(d). Official building number (include wing where applicable). See Building Number Lists.
8(e). The code by which Lock Shop identifies the key to be produced (see Master Hinge List.) Key Code, Room Number and Hinge Number must all identify the same door.
8(f). Key number to be assigned by Lock Shop. Leave blank unless processing a key transfer. If transferring, list number of key being transferred (number other than key code. In most cases, on opposite side of key.)
8(g). Name of prior keyholder if key is being transferred. If former key holder is not known, enter "N/A".
12. Authorized signature indicates units approval for issuance of key(s).
13. Date the form is signed by authorized signer.

Keyholder's Instructions: Please complete the following areas.

9. Read responsibility statement.
10. Keyholder signature indicates acceptance of the responsibility statement.
11. Date the form is signed by keyholder.

Key Transfer Instructions: Key Coordinator and keyholder should complete as above with the following additions:

8(f). List number of key being transferred (number other than key code. In most cases, on opposite side of key.)
8(g). Indicate name of previous keyholder. If former keyholder is not known, enter "N/A".

Please contact Lock Shop at 965-1829 if you have any questions on completing the form.
Please contact DPS at 965-6090 if you have any questions on distribution of keys.