

STUDENT KEY AND CARD ACCESS FORM

KEY HOLDER NAME _____

BEGINNING TERM DATE _____

ANTICIPATED END DATE _____

*If the begin and anticipated end lines are NOT completed, you will not be granted access or a key for this building. Key inventories will take place by Tetrad Property Group annually before May commencement. If you do not possess the keys in Tetrad's database system, **a \$100.00 handling fee and fine** will be assessed to the faculty member per key.*

KEY HOLDER EMAIL ADDRESS _____

KEY HOLDER PHONE NUMBER _____

FACULTY MEMBER _____

(Person you report to and responsible for key)

Indicate with an X your status:

Staff _____ **Graduate Student** _____ **Post Doc** _____

Faculty _____ **Visiting Faculty** _____ **Other** _____

Key Requested for Room Number/Floor _____

My signature represents that I have requested a key for room number _____ and access to the following areas _____

with the Department of Food Science and Technology and The Food Processing Center with the University of Nebraska-Lincoln. My NUID 7 digit number is _____

If I fail to return my key after my study or time with the University of Nebraska-Lincoln to my respective faculty member, I will forfeit any pending grade or degree anticipated for graduation and I will be restricted from having my transcripts issued.

Signature _____

Date _____

Faculty Member Signature and Date