



Key Assignment Record

NAME	DRIVER LICENSE NUMBER AND STATE		ID NUMBER
HOME PHONE	E-MAIL ADDRESS		
LOCAL STREET ADDRESS	CITY, STATE, ZIP CODE		
PERMANENT STREET ADDRESS	CITY, STATE, ZIP CODE		
OFFICE PHONE	OFFICE LOCATION		
DEPARTMENT	POSITION	Faculty <input type="checkbox"/>	Staff <input type="checkbox"/> Adjunct <input type="checkbox"/>

I authorize the above named employee of North American University to be issued key(s) and/or card access as listed below. I understand I am responsible for all campus building/area keys issued to this individual.

Department Approval Signature

Printed Name & Title

Date Signed

↓ Fill in these columns only ↓		This Area For Facilities Operations Use Only				
Building	Room	Key	Card	Group	Date Issued	Date Returned

I agree to use assigned keys for official University purposes only. I agree to maintain assigned keys and/or access card in a secure and responsible manner. I will not allow an unauthorized person to use keys and/or access card assigned to me. I further agree to abide by the University policy which forbids me to reproduce a University key and/or access card or allow either to be reproduced. I understand that inappropriate use of University keys and/or access card may subject me to disciplinary action by the University.

I understand that any loss or failure to return an assigned key may subject me to costs of key replacement and/or rekeying. In case of failure to return a key and failure to pay for key replacement and/or lock rekeying, I understand that the University may enforce by all legal means its right to repayment for all costs incident to key replacement and/or lock rekeying, including attorney fees and costs of litigation.

I certify that I have read and understand the above University policy regarding card access, rekeying, and key replacement.

Signature of Key/Card Access Recipient

Date