



Vivaria Key Request Form

Please fill out and have your Vivaria Manager sign. Call the Office of the Campus Veterinarian at x26332 to set-up a time to pick-up your keys. If this form was not sent electronically, please bring it when you pick-up your keys.

Date: _____

Name of Person Requesting Key: _____

Department: _____

PI Name (if different from person above): _____ AUP #: _____

Information on Room(s) you need access to:

Room number(s) key(s) needed for: _____

Vivaria: BioMed Boyce East Biology Psychology (Speith) Psychology (New)

Please Read and Sign:

1. Return keys by your last paid working day or the last day of instruction the quarter you leave UCR.
2. The Office of the Campus Veterinarian will bill for reimbursement of re-keying costs or key replacement costs for non returned keys.
3. This key loan agreement is non-transferable.
4. You will be billed for equipment lost or damaged due to negligence or abuse.

Signature of Recipient of Key

Vivaria Manager's Signature: _____

Keys Authorized to Receive: _____

For Office Use Only:	
Date Key Issued: _____	Date Key Returned: _____
Key # Issued: _____	Returned By: _____
Issued By: _____	Received By: _____