**School of Art Graduate Student Key Request Form**

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| **Faculty Name:** |  |
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| **Graduate Student Name:** |  |
| **Graduate Student Area/s** |  |
| **Graduate Student University ID#** |  |
| **Graduate Student SFSU email address:** |  |
| **Key Return Date:**The date will be set as two weeks following the last day of finals of the students final semester unless requested otherwise. |  |

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| **Key Number** | **Building &** **Room Number** |
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The graduate student listed above is responsible for returning keys and showing proof of return to the department office manager by date agreed upon. The graduate student is responsible for keys at all times during possession. If the keys are lost the graduate student must report the loss to campus police in a timely manner. The graduate student is responsible for any penalties set by SF State, including but not limited to a monetary fine.

Faculty Signature Date

Graduate Student Signature Date