



HOUSING

Facility Code/Fob/Key Record

"By initialing for the keys listed below, I assume full responsibility for their safekeeping. I understand that the keys are the property of the House Corporation and may be recalled at any time. Further, if any of the listed keys become lost or stolen, I agree to report the situation to the house director immediately and understand that I will be held responsible for the costs associated with changing lock(s) and/or replacing the appropriate key(s)."

Member Name	Room Number	<input checked="" type="checkbox"/>	Code/Fob/Key Description	Date Issued	Member Initials	HM or HD Initials	<input checked="" type="checkbox"/>	Date Returned	HM or HD Initials
		<input checked="" type="checkbox"/>	House Key				<input checked="" type="checkbox"/>		
			Room Key						
			Closet Key						
			Other						

Member Name	Room Number	<input checked="" type="checkbox"/>	Code/Fob/Key Description	Date Issued	Member Initials	HM or HD Initials	<input checked="" type="checkbox"/>	Date Returned	HM or HD Initials
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