



OFFICE OF STUDENT LIFE KEY AUTHORIZATION FORM

Fall _____ Spring _____

I understand that I will be allowed to carry this key with me at any time. I am only to use this key when I am acting under the capacity of an active executive of my recognized student organization. At no time will I use this key for any purpose other than to conduct office business. I agree not to loan, give possession, or misuse the key. If I lose this key or it is not returned at the end of my term as an executive, I understand that I will be charged for the replacement of the key (a cost of \$25.00) and a lock change (a cost of \$50.00) of the room, if necessary.

Name (Please Print)		Date of Birth (Required)	
Student Organization Name	Position	Phone Number	
		E-mail	

Room Number	Key Number	To Be Completed By OSL Staff			
		Date Issued	Issued by	Date Returned	Received By

I authorize the above person to requisition the key listed above for their designated office space.

Authorizing Official (Print)	Signature	Date

Your signature below indicates that you as an organization representative have hereby received, read and agree with the Student Organization Room Policies, Procedures and Guidelines administered by the Office of Student Life at John Jay College.

The key holder signature on this form indicates that the key holder agrees and understands the obligations and responsibilities associated with possessing college issued keys as stated above.

Key holder Signature	Date