## D. P. CULP STUDENT CENTER KEY CHECK IN/OUT RECORD FOR ETSU FACULTY, STAFF, AND STUDENTS

The undersigned, do hereby acknowledge receipt of the below listed key(s):

**RECEIVED BY** 

1	TION
1	
2	
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10	
Acceptance of the above key(s) includes, but is not limited	
<ul> <li>Key(s) is/are the property of East Tennessee State Ur</li> <li>The Director or Facilities Coordinator of The Student lost or stolen.</li> </ul>	niversity and must be surrendered upon request.  Center must be notified IMMEDIATELY if the key(s) is/are
	or the replacement cost of the key(s) \$35.00 and core
replacement – current cost through Key Control De	partment.
Key(s) is/are the key holder's sole responsibility and it is a sole in the sole in th	
Key holder is responsible for abiding by the rules of t      Key holder is responsible for returning the key(s) to The second seco	
<ul> <li>Key holder is responsible for returning the key(s) to The ended/terminated or when your functional responsi</li> </ul>	
<ul> <li>Failure to comply with the above guidelines will resu</li> </ul>	
If the employee fails to return an issued key, the key	
associated costs.	
By signing below, I certify that I have read the above and c	garee to accept the guidelines stated herein.
	29.00 10 000001 1110 90100111100 510100 110101111
EMPLOYEE NAME (PRINT)	ETSU E NUMBER OR SODEXO NUMBER
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)	HOME/CELL PHONE
EMAIL	DEPARTMENT
WORK TITLE	OFFICE PHONE
	DATE
TAADI OVEE SIONIATI IDE	LIAIC
EMPLOYEE SIGNATURE	DATE
DIRECTOR OF DEPARTMENT SIGNATURE	DATE

DATE