

**FEATHER RIVER COLLEGE
KEY AUTHORIZATION**

To: Feather River College Facilities Department

This is your authorization to issue

The following key (s) _____

Signed:

_____		_____	
Supervisor	Date	Administrator	Date

KEY RECIPIENT:

The key(s) for which you have been authorized is (are) being loaned to you by Feather River Community College District. Keys form a significant part of the security of the campus. Do not loan or duplicate your key(s) under any circumstances.

Return Key(s) to your supervisor when you no longer need it (them) on a regular basis or when you are requested to return it (them). A replacement charge for a lost key may be made according to Feather River College District policies (AP 6520).

I agree to the above conditions.

Signed: _____ Date: _____

Facilities Office Use:

Key number(s) issued: _____

Date Issued: _____

Date Returned: _____ Issued by: _____