

**OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM**  
**AUTHORIZATION TO ISSUE KEY**  
 ADMINISTRATIVE SERVICES/#MC2551/REVISED, MARCH 2024

**INSTRUCTORS: THIS FORM IS NOT NEEDED FOR ROOM KEY(S) THAT HAVE BEEN ASSIGNED TO YOU THROUGH THE CLASS SCHEDULE. LAB AND ALL OTHER KEYS REQUIRE THIS FORM**

Print Name \_\_\_\_\_ Position Title \_\_\_\_\_ ID # \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

REQUESTED KEYS:	LIST KEY OR ROOM NUMBER(S)
<b>Room Key</b> Requires signature (1) and (2)	_____
<b>Exterior Building Key</b> Requires signature (1) and (2)	_____
<b>Building Master</b> *Requires signatures (1), (2), (3), and (4)	_____
<b>Grand Master</b> *Requires signatures (1), (2), (3), and (4)	_____

ADMINISTRATIVE PROCEDURE 3143	
Room Key	Faculty, Adjunct, Classified Staff, Part-Time Classified
Exterior Building Key	Faculty, Adjunct, Classified Staff, Part-Time Classified, and Staff Residing in Building
Building Master:	All full-time Maintenance, Custodian, Security, Events, Audio Visual, Property Control (including Warehouse and Mailroom) staffs, Dean/Area Directors and Area Secretaries
Grand Master:	Director of Facilities Management, Director of Law Enforcement, and Locksmith

**AUTHORIZING SIGNATURES**

Save form and add requestors last and first name and date to the end of file.  
 (Example: KeyAuthorization\_LastFirst\_2024-03-28)

- (1) \_\_\_\_\_ Date \_\_\_\_\_  
           Manager/Supervisor/Dean Signature
- (2) \_\_\_\_\_ Date \_\_\_\_\_  
           Area Vice President Signature
- (3) \_\_\_\_\_ Date \_\_\_\_\_  
           \*Director of Facilities Management Signature
- (4) \_\_\_\_\_ Date \_\_\_\_\_  
           \*Vice President of Administrative Services Signature

By signing below, you agree to protect key(s) from harm, loss, duplication, and misuse by yourself or others. You also acknowledge that you have received, understood, and agreed to Board Policy 3143, CA Penal Code §469, "Unauthorized making, duplicating, use or possession of a key is a misdemeanor." Furthermore, you understand and agree that losing a key or keys, will result in a charge of \$50.00 per key.

\_\_\_\_\_ Date \_\_\_\_\_  
 Employee Signature

**OFFICE USE ONLY**

\_\_\_\_\_ Date \_\_\_\_\_