



Swarthmore College
STUDENTS FACULTY AND STAFF
KEY AGREEMENT

Printed Name: _____ Phone: _____ Email: _____

Department: _____

Student Faculty Staff Other _____

Title: _____

Keys Received	Issue Date	Return Date

I, the undersigned, acknowledge receipt of the keys designated above. The responsibilities associated with issuing keys can be found in the Swarthmore College Key Access Management Policy. I agree not to loan, transfer, give possession of, misuse, modify or alter the above keys. I further agree not to cause, allow or contribute to the making of any unauthorized copies of the above keys. Keys must be returned to Key Central. Questions or concerns can be directed to locks@swarthmore.edu.

I understand and agree to comply with the Swarthmore College Key Access Management Policy and understand that violation of this agreement may render me responsible for the expense of a relock for the affected areas:

Recipient Signature: _____ Date: _____