ECE Key Permission Form

I give permission fo	r						
	Name	2					
•	o the ITEB or ng, under my supervisi	BECAT Entrance and/or Room on.	n/s #				
Supervisor's	s Name (Printed)	Signature	Date				
ALL KEYS MUST BE RETURNED BEFORE DEPARTURE FROM UCONN							
	Key	Holder's Information					
Name:							
Local Address:							
_		Street (include number)					
_	City	/Town	Zip Code (5 digits)				
Local Phone Num	nber:						
	•	• •	ob is not returned, a fee of \$300 per the lock/s. I will not lend to others.				
Signatur	e:						

				Date	
Date Issued	Name of Issuer	Rm. #	Key#	Returned	Employee Returned To