



Louisburg College Key Issuance and Agreement

Employee Name: _____

Employee Title: _____

Department: _____

Department Manager: _____

Key Number(s):

Date Issued: _____

Date Returned: _____

I, the undersigned, acknowledge receipt of the key(s) designated above. I agree not to loan, transfer, give possession, misuse, modify, or alter the keys listed above. I further agree not to cause, allow, or contribute to the making of any unauthorized copies of these key(s).

I understand and agree that violation of this agreement may render me financially responsible for the expense(s) associated with re-keying all affected areas.

Printed name:

Signature:

Date: