

# KEY REQUEST FORM

## SCHOOL OF PSYCHOLOGY

PLEASE PRINT  
CLEARLY IN  
CAPITAL LETTERS

Given Name(s)

Family Name

UPI Email

Telephone (Staff - ext only)

ID Number

Are you? (Please Circle)

Staff

Student

Visitor

Building  
No.

Floor  
No.

Room/Door  
No.

Key Codes  
(if known)

Preferred pick up point  
(Tick one only)


City	
Tamaki	
Newmarket	

By signing, the Supervisor(s) acknowledge that;

1. They hold responsibility for compliance in terms of Health & Safety, Containment, and Security in the respective space(s),
2. They are granting the applicant unrestricted access to the requested space(s)
3. The applicant has received all the required training and safety inductions to work in the space(s) in a safe and compliant manner.

### Supervisor's Approval

Supervisor's Name

Supervisor's Extension

Supervisor's Signature

Date

### Declaration

I hereby acknowledge that the information I have supplied is correct and that I have read and understand the conditions of use and will abide by these conditions:

*That keys are for my personal use and cannot be given to or assist others to gain access*

*That should I misuse the keys, I will forfeit them and any access they grant*

*That if I lose the keys I will immediately report the loss to Security (ext. 85000)*

*That I will produce the keys, and/or surrender them, if requested at any time by any Unisafe/Security Officer*

*That I will return the keys to the Unisafe Security desk when they are no longer required*

Signature

Date

**N.B. This completed form should be returned to Psychology Reception**

### Office Use Only

Dept/School Name: **School of Psychology**

Cost Centre: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Extension: \_\_\_\_\_

Email: \_\_\_\_\_@auckland.ac.nz

Date Processed: \_\_\_\_\_