

KEY RELEASE AUTHORIZATION FORM

Resident Name

Building/Apt.

I authorize Baity Hill at Mason Farm to release my apartment key to:

Name of Person/Company:

This authorization is valid for only the effective term indicated below:

Fixed Term. Start Date: _____ End Date: _____

Full Term. (The length of my occupancy at Baity Hill). (initial): _____

Statement of Understanding:

I fully understand that Baity Hill at Mason Farm Community and The University of North Carolina at Chapel Hill are in no way responsible for damages to my apartment or theft of my belongings resulting directly or indirectly from the individuals granted access via this authorization. In the event of key loss, or damage to my apartment, I am responsible for charges to change locks, or repair damages.

Resident Signature: _____ Date: _____

Key Issued:		Key Returned:	
Date:	Time:	Date:	Time:
_____ Issued to (print)	_____ initial	_____ Received by (print)	_____ initial
_____ Issued by (initial)			