**Add logo here  
  
[Practice Name]**

**Acknowledgment of Receipt of Keys**

|  |  |  |
| --- | --- | --- |
| This is to acknowledge that I, |  | , have received the following keys to the |

office/facility/lockers/others.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key type** | **Office location** | **Date received** | **Initials** | **Date returned** | **Initials** |
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**Comments:**

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I understand that it is my responsibility to follow all guidelines and policies as set forth in this acknowledgment and in the **[PRACTICE POLICY]**. Any unauthorized duplication of these keys can result in disciplinary action, including termination. It is my responsibility to notify the owner/practice president if any keys are misplaced, lost, or stolen. I understand that the keys may not be duplicated without the express written consent of the practice president or the practice consultants.

I will safeguard the keys at all times to prevent misuse or unauthorized access to the office/facility/lockers/others. I understand that the keys have been provided to allow convenient access to the office/facility/locker/others, and may contain expensive, valuable equipment, and personal or confidential material/belongings. I understand that I may not lend these keys to fellow employees or non-employees who have not been authorized to possess these keys. I understand that the keys are the property of the practice and upon my separation from the practice, I shall return all keys to my supervisor.

|  |  |
| --- | --- |
| **Employee signature:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Print name:** |  | **Print title:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Date:** |  |

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