KEY AUTHORIZATION/RECORD

Last Name_____**First**_____**MI**_____**Phone**_____**Date**____/____/_____

Job Title_____**SID**_____**Email**_____

FT Faculty Adjunct Faculty FT Staff PT Hourly Work Study Other_____

OFFICE USE ONLY						OFFICE USE ONLY					
BUILDING	ROOM	KEY#/CARD#	OUT	IN	RCV'D BY	BUILDING	ROOM	KEY#/CARD#	OUT	IN	RCV'D BY

Authorized By:_____
(PRINT)

Dept_____

_____
Authorized Signature **Date**

_____
Key Holder Signature (Sign at pick-up) **Date**
I agree to pay for lost keys. I will return keys to Security.

----------CUT HERE ----------CUT HERE----------

To avoid delays:

- All requests must be printed on **card stock**. Any color is acceptable as long as we can read the request information.
- Fill out the top portion completely, including ID number for any student employees, staff or faculty.
- Enter only the building and room numbers needed - there are 16 lines available per form.
- Please do not write in the grayed out areas (where it says "Office Use Only".) Add additional information by attaching a note to the form.

Please allow 5 working days for Security to complete requests.

8/2018