

AUTHORIZATION FOR ISSUING UNIVERSITY KEYS

Department: _____

Authorization Signature(s):

Typed Name

Written Signature

Typed Name

Written Signature

Typed Name

Written Signature

Building(s):

Area or Rooms of Building:

Indicate which one of these is intended:

_____ The data herein replaces previous data.

_____ The data herein revises previous data.

_____ Make no changes in previous data.

Approved:

Chancellor, Vice Chancellor, Dean or Director

Date

Please complete this form and return it to:

Facilities Management
Key Office
Fax #: 575-7284

Date Rec'd by Key Office: _____