



KEY CONTROL AUTHORIZATION FORM

FACILITIES SERVICES

This form is to be completed in order to request new or update existing key and access controller information for each campus unit/ department.

DEPARTMENT: _____

DATE: _____

ADDRESS: _____

PHONE NUMBER: _____

**DEPARTMENT
HEAD**

Name (typed): _____

Phone: _____

Signature: _____

Fax: _____

Work Address: _____

e-mail: _____

**KEY
CONTROLLER**

Name (typed): _____

Phone: _____

Signature: _____

Fax : _____

Work Address: _____

e-mail: _____

**ALTERNATE KEY
CONTROLLER**

Name (typed): _____

Phone: _____

Signature: _____

Fax : _____

Work Address: _____

e-mail: _____

Check here if you would like assistance in developing a record-keeping system.