

**DIVISION OF FACILITIES  
KEY CONTROL AND DISTRIBUTION  
AUTHORIZATION FORM**

The purpose of this form is to establish a uniform system for recording Department Head and/or other authorized signatures, notification of lost key(s), and special requests for obtaining keys. Complete the appropriate section and return the form to Key Control and Distribution, 109 Dykstra Hall.

**AUTHORIZED SIGNATURE(S)**

Sign and submit to Key Control and Distribution by August 18 of each year. The Department Head signature must be on file for verification purposes.

DEPARTMENT \_\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_  
(Dept Head Signature)

If the Department Head is authorizing personnel to sign key requests, complete the following EXACTLY as it will appear on the request cards.

**(RUBBER STAMPED SIGNATURES ARE UNACCEPTABLE!)**

DEPARTMENT \_\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
(Signature EXACTLY as it will appear on key request cards)

**LOST KEY(S)**

Complete this section in the event that a key is lost or stolen. A fee is charged for replacement keys. (Refer to **POLICY AND PROCEDURES MANUAL**, Chapter 7820, Key Control and Distribution.)

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

BUILDING \_\_\_\_\_ ROOM NUMBER(S) \_\_\_\_\_

Check the appropriate box if replacement key is requested:

Individual will pay for key(s).

Department is to be billed for key(s).

Department Head \_\_\_\_\_ Date \_\_\_\_\_

**SPECIAL REQUESTS**

Complete this section to authorize personnel to obtain another individual's key(s). The authorized person must have their KSU identification card to complete the transaction.

I authorize \_\_\_\_\_ to obtain key(s) requested for  
(name)

\_\_\_\_\_, or \_\_\_\_\_  
(department) (name of specific person)

Department Head \_\_\_\_\_ Date \_\_\_\_\_