

**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 and special requests for obtaining keys. Please complete the appropriate section(s) and return the form to Key Control and Distribution, 106 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 NOT ACCEPTED!**

**Forms with rubber stamped signatures will be returned**

Authorizes \_\_\_\_\_  
to sign key request cards

Authorized signature(s) \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL REQUESTS**

Complete this section to authorize personnel to obtain another individual's key(s) in the specified department. The authorized person must have their Wildcat ID (WID) to receive the keys.

I authorize \_\_\_\_\_  
(name)

to obtain key(s) requested for \_\_\_\_\_  
(Department or specific person)

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