

**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, 134 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)

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: _____