

**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 _____

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 _____

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:

- 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
(name) (KSU I.D.#)

key(s) requested for _____,
(department) (name)

Department Head _____ Date _____