



# FACULTY/STAFF KEY AUTHORIZATION FORM

## Instructions to applicant:

Submit this **completed** form to your faculty department head for their **required** authorization.

The key request will be processed at the Facilities Services Office at the Services Complex.

Office hours are Monday through Friday 7:30 AM – 3:30 PM Telephone 673-3452 FAX: 673-3483

***You must pick up your requested keys at your department office. At that time your required signature will be needed on a file card for the lockshop records.***

This section to be filled out by the applicant		Keys requested	
Faculty/Staff Name:		<b>Building</b>	<i>Pick Building</i>
		Door No	
		Key Number	
Department:	(Please print)	<b>Building</b>	<i>Pick Building</i>
		Door No	
		Key Number	
Campus Address:		<b>Building</b>	<i>Pick Building</i>
		Door No	
		Key Number	
Campus Phone No.		Door No	
		Key Number	
<p><b>*Attention:</b> Please note the following rules and sign in the space provided.</p> <ol style="list-style-type: none"> <li>I will not let individuals without building permission into the building when the outer doors are locked.</li> <li>I will NOT prop open any outside door when it is locked.</li> <li>I will NOT lend my keys to anyone.</li> <li>I will NOT let anyone into a room for which they do not have keys.</li> <li>In case of emergency I will telephone University Police (3333) first then my supervisor.</li> </ol>		<b>Building</b>	<i>Pick Building</i>
		Door No	
		Key Number	
		<b>Building</b>	<i>Pick Building</i>
		Door No	
		Key Number	
		<b>Building</b>	<i>Pick Building</i>
		Door No	
		Key Number	
		<b>Building</b>	<i>Pick Building</i>
		Door No	
		Key Number	
		<b>Building</b>	<i>Pick Building</i>
		Door No	
		Key Number	
<b>I UNDERSTAND AND AGREE TO THE RULES LISTED ABOVE</b>		*Only one key per door per person	
<b>Faculty/Staff Agreement</b>			
<b>I WILL PROMPTLY RETURN KEYS, PERSONALLY, TO THE OFFICE OF FACILITIES SERVICES WHEN I EXPERIENCE A TRANSFER INTO ANOTHER DEPARTMENT OR AT THE END OF MY APPOINTMENT</b>			
_____		_____	
Signature of Faculty/Staff		Date	
<b>DEPARTMENT APPROVAL:</b>			
_____		_____	
Department Chairperson, Head/Dean		Date	
<b>FACILITIES MANAGEMENT (ONLY)</b>			
<input type="checkbox"/> <b>Approved</b>		<input type="checkbox"/> <b>Disapproved</b>	
_____		_____	
Authorization: Signature of Facilities Services Official		Date	