

**DEPARTMENTAL**  
**KEY REQUEST SIGNATURE AUTHORIZATION FORM**

Dept. Name \_\_\_\_\_ Dept.# \_\_\_\_\_  
Bldg. Address \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

**KEY MANAGER INFORMATION/SIGNATURE**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Email Address \_\_\_\_\_

**ADDITIONAL AUTHORIZING NAMES**

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**DEAN'S, DEPT. HEAD'S, OR DIRECTOR'S**  
**SIGNATURE OF APPROVAL FOR THIS FORM**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email address \_\_\_\_\_