

## Key/Access Card Pickup and Authorization Request

This form will be used for authorizations and updates for department personnel granted permission to order and/or pickup keys for their department. It will be updated annually or when department changes are made, whichever occurs first.

Date: \_\_\_\_\_

Department Name: \_\_\_\_\_

Key Control Person: \_\_\_\_\_

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

Persons Authorized to <b>PICK UP</b> key(s)/Access Card(s)	Persons Authorized to <b>ORDER</b> key(s)/Access Card(s)
Name (type or print)	Name (type or print)
Signature	Signature
Name (type or print)	Name (type or print)
Signature	Signature
Name (type or print)	Name (type or print)
Signature	Signature

\_\_\_\_\_  
 Signature of Department Head