

## KEY CONTROL AUTHORIZATION FORM

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DEAN / DIRECTOR /  
DEPARTMENT HEAD

NAME(PRINTED): \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE LOCATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

KEY CONTROLLER

NAME(PRINTED): \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE LOCATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALTERNATE KEY  
CONTROLLER

NAME(PRINTED): \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE LOCATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### DIVISION VICE PRESIDENT APPROVAL

NAME(PRINTED): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_