



Facilities Management Master Key Request Authorization Form

Requests for master keys require written justification before the request can be evaluated and processed.

Key requested for:

Name _____ Title _____

Department Name _____ Department # _____

Bldg (Prefix) _____ Room # _____ Phone # _____

Please provide a specific reason(s) for requiring this master key in the space provided below and return this form to the **key shop at OPM 100 or faxed at 4-3199.**

JUSTIFICATION:

By signing below, I understand that I am responsible for ensuring the return of this key at the time of the separation of the requester from my department or the university. Name and signature of Dean/Vice President or authorized designee required for all master key requests.

Key request approved by:

(Signature)* _____ (Date) _____

(Print Name) _____ (Phone #) _____

(Title) _____ (Dept.) _____

**Approving authority should not be the same receiving the key.*

To be completed by Facilities Management

APPROVED/DISAPPROVED

_____ **Fac. Management Division Head**

_____ **Date**