| Permanent | Temporary | Student |
|-----------|-----------|---------|
| | Until: | |

KUTZTOWN UNIVERSITY OFFICE OF PHYSICAL FACILITIES KEY AUTHORIZATION REQUEST FORM

| - | forward to: Office of Physical Facilities, Key Control Specialist. Facilities |
|---|---|
| · · | Date of Request: |
| Department: | Phone: |
| Please fi | ill in one of the four following IDs. |
| | or KU Student ID No: or |
| Contractor Name ID: | or Non KU Driver's License ID No: |
| Building Name(s) & Room Number (s): | |
| Signature & Date of Requestor | Title |
| Signature & Date of Authorizing Official | Title |
| to the Maintenance Building to pick ustatement must be agreed to: • I accept custody of this after, and the safety, and the are under the Key • I will safeguard of I will only use or destruction. | y request, the individual being assigned the key(s) must personally come p the key(s). Signature for the key(s) will be required and the following s key and agree to abide by the terms and conditions itemized below: rely report lost or stolen keys to the Facilities Office, the Office of Public Authorizing Authority. It duplication/alteration of any University issued key is strictly forbidden and Lock Policy. It this key at all times and not loan this key to unauthorized individuals. this key for access to areas where I have official responsibilities. It has a presented of the Pacilities Personnel. |
| (To Be fil | lled Out by Physical Facilities Personnel) |
| Request Received Date: | Work Order Number |
| • | Additional Signature if necessary |
| Date Forwarded to Lock Shop | Facilities Authorization Signature (Required for all Masters and Sub-masters) |
| | |