Permanent Temporary St	udent
If Temporary or Student – Indicate Key Return Date:	

## **KUTZTOWN UNIVERSITY** OFFICE OF PHYSICAL FACILITIES **KEY AUTHORIZATION REQUEST FORM**

(Fill out the information and forward to: <i>Facilitie</i> , required work order from the information on this	s, Key Control Specialist-MN-101. Facilities personnel will input the form.)
Key Holder Name:	Date of Request:
Department:	DI.
Please fill in o	one of the four following IDs.
KU Employee ID No:	or KU Student ID No:
Contractor Name:	Or or Non KU Driver's License ID No:
Building Name(s):	
Room Numbers(s):	
Key Number(s) if known:	
Signature & Date of Requestor	Title
Signature & Date of Authorizing Authority	Title
	he individual assigned the key(s) must personally come to the Facilities
Building, with identification, to pick up the keys(	s). A signature for the key(s) will be required and the following terms

must be agreed to:

- Accept custody of this key.
- Immediate reporting of lost or stolen keys to the Facilities Office, the Office of Public Safety, and the Authorizing Authority.
- Awareness that duplication/alteration of any University issued key is strictly forbidden under the Key and Lock Policy.
- Safeguarding keys at all times. Keys will not be loaned or transferred to other individuals.
- Use of key will only be for access to areas where Key Holder has official responsibilities.
- When a key is no longer needed or if separation from employment occurs, the key will be returned to the Facilities Office.

(To Be Filled Out by 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)	