

DELAWARE STATE UNIVERSITY

Facilities Management

**KEY AUTHORIZATION FORM**

Check Appropriate Box: Key Request Key Return Key Re-Assign

**Date:**

**Key Holder Name/Title:**

**Reason for key request:**

|  |  |
| --- | --- |
| Department:  | Door/Rooms to be accessed: |
| Building/Room: | Doors: |
| Campus Phone Number:   | Rooms: |

 **Approval Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (Signature) Dean (Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair (Signature) Department Chair (Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director (Signature) Department Chair (Print Name)

|  |  |
| --- | --- |
| TO BE COMPLETED BY KEYHOLDER (One Key Per Person Per Room) | **FOR FACILITIES MANAGEMENT ONLY** |
| **Door** | **Room#** | **Building** | **Key Code** | **Issue/Return Date** | **Signature** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Policy Statement**

1. Complete form, obtain appropriate signature. Deliver original to Facilities Management Administration.
2. Key holder must pick up key(s) and bring picture identification.
3. No students are allowed to pickup keys.
4. Key(s) are to be picked up at Facilities Management Office.
5. Key(s) not picked up within 30 days will be returned to the locksmith.
6. Key holder must return key(s) to Facilities Management on request or termination.
7. Delaware State University key(s) are not to be duplicated.
8. Both parties must be present to complete key re-assignment.