

KEY AUTHORIZATION FORM

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| **Key Holder Information** |  | |  | |  | |
| **Check Appropriate Box:**  **Key Request**  **Key Return**  **Key Re-Assign** | | | | | | |
| **Date:** | **Complete for Key Re-Assign Only** | | | | | |
| **Key Holder Name/Title:** | **Key Holder Name:** | |  | |  | |
| **Department:** | **Department:** | |  | |  | |
| **Building/Room:** | **Building/Room:** | |  | |  | |
| **Campus Phone Number:** | **Campus Phone Number:** | |  | |  | |
|  |  | |  | |  | |
| **Approval Signatures** | | | |  | |  | |
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|  | |  | |  | |  | |
| **Employee (Signature)** | | **Employee** **(Print Name)** | | | | | |
|  | |  | |  | |  | |
| **Department Chair** **(Signature)** | | **Department Chair (Print Name)** | | | | | |
|  | |  | |  | |  | |
| **Dean/Director (Signature)** | | **Dean/Director (Print Name)** | | | | | |
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| **TO BE COMPLETED BY KEY HOLDER (One Key Per Person Per Room)** | | | **FOR LOCKSMITH STAFF ONLY** | | |
| **Quantity** | **Room #** | **Building** | **Key Code** | **Issue/ Return Date** | **Signature** |
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**IMPORTANT POLICY STATEMENT:**

1. **Complete form, obtain appropriate signatures. Email, Fax (910-672-1348), or deliver to Locksmith Office.**
2. **CONFIRMATION will be sent via email for receipt of key request and NOTIFICATION via email to pick up key(s).**
3. **Key holder must pick up key(s) and bring picture identification. If someone pickup key(s) on behalf of key holder, the person must have an original signed memo from the department chair/director approving the key pickup.**
4. **No students are allowed to pick up keys; however, this does not include student employees**
5. **Key(s) can be picked up at Locksmith Office located in Grace Black Circle.**
6. **Key(s) not picked up within 30 days will be returned to the locksmiths.**
7. **Key holder must return key(s) to Locksmith on request or termination.**
8. **Fayetteville State University key(s) are not to be duplicated.**
9. **Both parties must be present to complete key re-assignment**