KU SCHOOL OF MEDICINE WICHITA
The University of Kansas

Key Authorization Form

Facilities Management
Ph. 293-2625 Fax. 293-1890
Room B050

Instructions:

1. Enter information on Key Authorization Form, and obtain signature from approved department key control person.

2. Send or fax completed Key Authorization Form to Facilities Management for record keeping and key control.

3. If you are requesting a new or duplicate key, an *on-line work request* from the Facilities website must be submitted by the department before the key(s) can be issued.

Date	*Department*	*Billing Account #*

Issuance:				
☐ By Department ☐ By Facilities	☐ Return - Dept. Retains	☐ Return - To Facilities	☐ Rekey	☐ Loss Notification

Type of Key Request

	☐ Faculty ☐ Staff ☐ Student	
Recipient's Name (Last, First, Middle) Typed or Printed	Status of Applicant	

☐ Perm. ☐ Temp.			
	Date Desired	*Building*	*Department*

Provide Key Access To Room Listed Above:	*Rekey Rooms Listed Above:*

Approval - Typed or Printed Name of Department Chair or Key Control Person	*Signature of Department Chair or Key Control Person*

Agreement: The undersigned, by accepting the identified key(s), hereby agrees to take diligent care and promptly report any loss thereof. The undersigned further agrees to not give possession of said key(s) to any other person nor cause or allow any copies to be made of such key(s). It is understood that any violation of this agreement may result in disciplinary action. Return of key(s) to key control officer releases employee from condition stated above.

Key #	Cut Key	Reassign	Signature	Date Issued	Issued By	Date Returned	Received By