

**Do Not Fax – Send by Inter-Office Mail Or Bring In Person – ONLY
– Original Signatures Required –**



**UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER
POLICE DEPARTMENT**

**Key / Cardkey Authorization
Request Form (Please Print)**

REQUEST TYPE (Please Specify):	KEY	CARDKEY
REQUEST DATE: _____	EMPLOYEE	STUDENT
EMPLOYEE NAME: _____	DEPARTMENT: _____	
EMPLOYEE ID# _____	EMAIL: _____	EXT. NUMBER: _____

KEYS REQUESTED / CARD KEY ACCESS	AFTER HOURS CARDKEY ACCESS
1. BUILDING: _____ ROOM(S): _____	
2. BUILDING: _____ ROOM(S): _____	
3. OTHER/ADDITIONAL LOCATION(S): _____	
DEPARTMENT MASTER: YES NO	ACCESS CARD NUMBER: _____

SPECIAL KEYS* (Keys off Master system)

LOCATION: _____

OTHER/ADDITIONAL LOCATION(S): _____

Employee Signature

Department Head Signature

Printed Name

Printed Name

Phone Ext.

*Keys/Cards off the Master System may not be issued to a person other than one employed by the controlling department except as provided by the current written controlled access policy.

CONTROLLING DEPARTMENT (PLEASE OBTAIN SIGNATURE BEFORE SUBMITTING) (If Different Than Requesting Department):		
_____ Printed Name	_____ Signature	_____ Phone Ext.

REQUEST REQUIRING VICE PRESIDENT APPROVAL (PLEASE OBTAIN SIGNATURE BEFORE SUBMITTING) <small>Grand Master keys, Building Master keys require approval of the vice president</small>		
_____ Printed Name	_____ Signature	_____ Phone Ext.

LOCKSMITH USE ONLY	
Key Numbers: _____	DATE COMPLETED: _____ LOCKSMITH: _____

POLICE DEPARTMENT USE ONLY			
Date Activated: _____	Activated By: _____		
KEYS VERIFIED	RECIPIENT NOTIFIED	KEYS PICKED UP	ENTERED

*** ALL KEYS ARE THE PROPERTY OF UNTHSC AND MUST BE RETURNED TO
THE POLICE DEPARTMENT WHEN NO LONGER NEEDED ***