Facilities Key Request Form



Keyholder's Signature:

Phone: (940) 565-4888 Fax (940) 369-7158 Fax (940) 369-8973		
me: M.I.:		
Staff Student Other		
er Email:		
Door Systems Office		
izer Date Issue # Keycode ure		
zer Email Authorizer Phone		
n is Required.		
Authorizer Signature		
t		
and UNT Door Systems. t, loan it, exchange it, or otherwise allow its use or		
t and to Door Systems. will pay the key replacement fee.		
emand from Door Systems, I will return it promptly, in this key, I agree to all the following terms:		
itlements may be delayed;		
i ni		

Note: The original form shall be sent to Door Systems and copies retained by the department and the keyholder