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

UNT | 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):**

_____ _____ **Phone Ext.** _____
**Printed Name** **Signature**

REQUEST REQUIRING VICE PRESIDENT APPROVAL **(PLEASE OBTAIN SIGNATURE BEFORE SUBMITTING)**
*Grand Master keys, Building Master keys require approval of the vice president*

_____ _____ **Phone Ext.** _____
**Printed Name** **Signature**

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 ***

09/2010