

Key Holder Information

Check Appropriate Box: Key Request Key Return Key Re-Assign

KEY AUTHORIZATION FORM

Date: _____

Key Holder Name/Title: _____

Department: _____

Doors/rooms to be accessed: _____

Building/Room: _____

Doors: _____

Campus Phone Number: _____

Rooms: _____

Approval Signatures

Dean (Signature)

Dean (Print Name)

Department Chair (Signature)

Department Chair (Print Name)

Director (Signature)

Director (Print Name)

TO BE COMPLETED BY KEY HOLDER (One Key Per Person Per Room)			FOR FACILITIES MANAGEMENT ONLY		
Door	Room #	Building	Key Code	Issue/ Return Date	Signature

IMPORTANT POLICY STATEMENT:

1. Complete form, obtain appropriate signature. Deliver original to Facilities Management Administration.
2. CONFIRMATION will be sent via "School Dude" for receipt of key request and NOTIFICATION via email/phone to pickup 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 pickup keys.
5. Key(s) can be picked up at Facilities Management Administration Office.
6. Key(s) not picked up within 30 days will be returned to the locksmith.
7. Key holder must return key(s) to Facilities Management on request or termination.
8. Delaware State University key(s) are not to be duplicated.
9. Both parties must be present to complete key re-assignment

NOTES: PLEASE IDENTIFY REASON FOR REQUEST AND ANY OTHER UNIQUE CONDITIONS FOR REQUEST.
