

# Baylor Facility Services

## AUTHORIZATION FOR GRAND MASTER KEYS

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Please print clearly)

**Key Holder's E-mail:** \_\_\_\_\_  
(You will be notified by e-mail when your key(s) are ready for pickup so please print clearly)

**Baylor ID Number:** \_\_\_\_\_

**Faculty?** \_\_\_\_\_ **Staff?** \_\_\_\_\_ **Student?** \_\_\_\_\_

**Dept. Account Number:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_

**Key ID Number:** \_\_\_\_\_

**Building:** \_\_\_\_\_ **Room Number:** \_\_\_\_\_

**Justification:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Department Head Date

**Approved:** \_\_\_\_\_ **Disapproval:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Locksmith/Baylor Facility Services Date

**Signature:** \_\_\_\_\_  
Don Bagby Date  
Director of Facilities Management