

AUTHORIZATION FOR INDIVIDUAL 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: _____ **Disapproved:** _____

Signature: _____
Director/Baylor Facility Services Date