



BAYLOR
UNIVERSITY

FACILITY SERVICES

AUTHORIZATION FOR INDIVIDUAL KEYS

Date: _____

Name: _____
Please Print Clearly

Email: _____

BAYLOR ID Number: _____

Faculty Staff Student

Department Account Number: _____

Office Phone Number: _____

Key ID Number: _____

Building: _____ Room Number: _____

Justification:

Print Name: _____
Department Head Date

Signature: _____

Approved: _____ Disapproved: _____

Signature: _____
Director, Baylor Facility Services Date

Please return completed form to the Hospitality Hub:
Email: SRC@baylor.edu
Fax: 254-710-1753