

Facilities Services Key Authorizer Form

Today's Date: _____ / _____ / _____

Person Issuing Request: _____

Telephone: _____

E-mail: _____

College/Department Name: _____

The people listed below are granted key authority and responsibility for the following space:

Building Number/Name/Rooms: _____

Authority to request keys from a UF Key Shop:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Department Key Coordinator(s):

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Authority to take custody of keys and distribute department-level master keys (usually a Key Coordinator):

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Dean or Director's approval:

Name: _____ Signature: _____

Today's date: _____ / _____ / _____

Incomplete forms will not be accepted. Mail, e-mail or fax completed forms to your Key Shop:

Main Campus
PO Box 117740
Building 702, Room 124
294-0653
392-7483 fax

Health Science Center
PO Box 100315
Building 204, Room AG130
273-5959
273-6846

key-shop@FacilitiesServices.ufl.edu

hsc-key-shop@FacilitiesServices.ufl.edu

Please call or write your Key Shop if you need assistance with this form.