

JACKSONVILLE UNIVERSITY

Key Authorization

Requester: _____ Department: _____ Date: _____

Keys: Building _____ Room: _____ Key Code: _____

Building _____ Room: _____ Key Code: _____

Print Name of Authorizer

Phone Ext.

Signature of Authorizer

Date

Recipient Email Address: _____

I acknowledge receipt/responsibility for the key(s). I understand that if keys are lost I will be charged \$50.00 per key.

If a Master Key is lost, I understand that I will be responsible for the cost of re-keying all locks affected.

When I change/leave my position at Jacksonville University, I will return all keys to Campus Security.

Print Name of Recipient

Phone Ext.

Signature of Recipient

Date

Faculty

Staff

Student

Vendor

Sodexo

Returned By: _____ Date _____ Received By: _____ Date _____

Keys Issued:

Building: _____ **Room:** _____ **Key Code:** _____

Building: _____ **Room:** _____ **Key Code:** _____

Building: _____ **Room:** _____ **Key Code:** _____

Building: _____ **Room:** _____ **Key Code:** _____

Building: _____ **Room:** _____ **Key Code:** _____

Building: _____ **Room:** _____ **Key Code:** _____

Building: _____ **Room:** _____ **Key Code:** _____

Building: _____ **Room:** _____ **Key Code:** _____

Building: _____ **Room:** _____ **Key Code:** _____

Building: _____ **Room:** _____ **Key Code:** _____