JACKSONVILLE UNIVERSITY

Key Authorization

lequester:	Depa	artment: Da	ite:	
eys: Building	Roo	m: Key Code	::	
Building		om: Key Code	e:	
rint Name of Authorizer Recipient Email Address	Phone Ext.	Signature of Authorizer	Date	
If a Master K	pt/responsibility for the key(s). I underst ey is lost, I understand that I will be respo nge/leave my position at Jacksonville Uni	onsible for the cost of re-keying all loo	cks affected.	
Print Name of Rec	cipient Phone Ext.	Signature of Recipient	Date	
Faculty Staf	f Student Vendo	r Sodexo		
Returned By:	Date F	Received By:	Date	
Keys Issued: Building:	Room:	Key Code:		
			Key Code:	
		Key Code:		
Building: Room		Key Code:	Key Code:	
Building: Room		Key Code:		
Building:	Room:	Key Code:		
Building:	Room:	Key Code:		
	Room:			
-	Room:			
Building:	Room:	Key Code:		