Sample:

SIGNATURE AUTHORIZATION
FOR KEY and/or LOCK REQUESTS
(Submit Original to Customer Relations, M/C 0908)

Effective Date: ________________

DEPARTMENT NAME: ____________________________   BLDG: __________________
MAIL CODE: __________________    PHONE: __________    RM #: ________________

Authorized Signature: __________________________________________
Name (print or type): ________________________________

Authorized Signature: __________________________________________
Name (print or type): ________________________________

Authorized Signature: __________________________________________
Name (print or type): ________________________________

Authorized Signature: __________________________________________
Name (print or type): ________________________________

Authorized Signature: __________________________________________
Name (print or type): ________________________________

REQUIRED
DEPARTMENT HEAD SIGNATURE: ____________________________
Name (print or type): ________________________________

Comments: