

# Campus Key Authorization Form



Marshall B.  
KETCHUM UNIVERSITY

Requested by: \_\_\_\_\_ Location:  Main Campus  Ketchum Health  UECLA  
Primary Assignment: \_\_\_\_\_ Building: \_\_\_\_\_ Room #: \_\_\_\_\_

Room Access Request For:

Office  Teaching  Research  Laboratory  Other: \_\_\_\_\_

Key Utilization:

Indefinite  Quarter \_\_\_\_\_  Dates \_\_\_\_\_  Other: \_\_\_\_\_

Comments/Special Instructions:

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Approval

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Administration: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Campus Operations Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Completed request must be submitted to Campus Operations for issuance of the key.**

Date Key Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Key Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_