



University of Colorado at Boulder

Facilities Operations-Access Services, Stadium Gate 8, 053-UCB, Boulder, Co 80309-0053 (303) 492-6609, Fax (303) 492-7353

AUTHORIZED SIGNATURES FOR KEY REQUEST CARDS

Please complete this form indicating the person and/or persons authorized to sign Key Request Cards.

DEPARTMENT _____ BUILDING _____ CAMPUS BOX _____ PHONE # _____

AUTHORIZED KEY SIGNED[S]

_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address

_____ Name (<i>please print</i>)	_____ Department Head Signature	_____ Date	_____ E-mail Address
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AUTHORIZED SIGNATURES FOR KEY REQUEST CARDS (Continued)

AUTHORIZED KEY SIGNEE[S]

_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address
_____ Name (<i>please print</i>)	_____ Signature	_____ Date	_____ E-mail Address

_____ Name (<i>please print</i>)	_____ Department Head Signature	_____ Date	_____ E-mail Address
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