

University of Florida
Physical Plant Division
Key Authorization Form

Date:

By:

College/Department Name:

Building name and/or room numbers _____

The following individuals are granted key authority as indicated for the above named areas.

Authority to Request Keys	
Name (Please type or print clearly)	Signature:
_____	_____
_____	_____
_____	_____

Authority to have custody of and to distribute Department level keys (This would normally be the key coordinator)	
Name (Please type or print clearly)	Signature:
_____	_____
_____	_____
_____	_____

Departmental Key Coordinator(s) (Point of contact for all issues relating to building access)	
Name (Please type or print clearly)	Signature:
_____	_____
_____	_____
_____	_____
Location: _____	Phone Number: _____

Please be sure that all information fields are complete and form is signed by the appropriate authority.

Name of Approving Dean or Director

Signature

Date

Mail or fax completed form to the appropriate Key Shop as indicated below:

CAMPUS KEY SHOP
Phone: 392-2855
Fax: 392-0062 or 392-7483
Mail: P O Box 117740
PPD Bldg. 702, Room 124

HEALTH CENTER KEY SHOP
Phone: 273-5959
Fax: 273-6846
Mail: P O Box 100315
AG130 JHMHC

FORM 1
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