

**NORTHWESTERN UNIVERSITY
KEY AUTHORIZATION FORM**

KEYS ISSUED TO:

NAME	UNIVERSITY ID								
KEY # _____	BLDG & RM # _____	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Lost	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deliver		
KEY # _____	BLDG & RM # _____	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Lost	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deliver		
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KEY # _____	BLDG & RM # _____	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Lost	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deliver		

CONTRACTOR KEY EXPIRATION DATE _____

I certify that this key is for my own use, and I agree to accept all responsibility for its use. I also agree to return the key when the need for it expires. (i.e. the key is no longer being used or when I leave the employment of the University.)

When a key is lost a NUPD police report must be filled out prior to requesting another key. Report # _____

Signature of Person Receiving Key Date

I certify that the person listed above is authorized to receive this key.

Signature of Department Key Authorizer Date

Printed Name of Department Key Authorizer Phone Number

Department

Chart String

Please obtain signatures of the key recipient and the department key authorizer

- **Submission instructions:** Please scan and email this signed form to facilities-key-requests@northwestern.edu
- **When deliver box is selected there will be an added charge**