**ORIGINAL SIGNATURES ARE REQUIRED**
***Copies and faxes will not be accepted***

- Fill out and print this form
- Make sure the form is dated
- Obtain the necessary signatures
- Return to:

  Facilities Help Desk
  CSB 128 · Mail Stop 1048
  895-4357

---

**ACCESS SERVICES**
**SIGNATURE AUTHORIZATION CARD**

Date: ______________________

* **DEPARTMENT OR ORGANIZATION INFORMATION**

<table>
<thead>
<tr>
<th>Department or Organization Name</th>
<th>Dept./Org. Location (Building/Room #)</th>
<th>Office Phone #</th>
</tr>
</thead>
</table>

**NOTE:** Persons listed in the roles below are subject to the provisions of the Campus Key Policy found at http://facilities.unlv.edu

* **KEY APPROVERS:** Authorized to approve electronic key requests. Will be sent an e-mail when keys are ready for approval

<table>
<thead>
<tr>
<th>Approver Name (print or type)</th>
<th>Signature</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approver Name (print or type)</td>
<td>Signature</td>
<td>Phone #</td>
</tr>
<tr>
<td>Approver Name (print or type)</td>
<td>Signature</td>
<td>Phone #</td>
</tr>
</tbody>
</table>

* **AUTHORIZATION SIGNATURE:** Endorsement of Department Chair, Dean, Vice President or Authorized Representative

**NOTE:** The name listed below will not receive e-mails to approve keys.

<table>
<thead>
<tr>
<th>Name (print or type)</th>
<th>Phone #</th>
<th>Signature</th>
</tr>
</thead>
</table>

**THIS AUTHORIZATION SUPERSEDES ALL PREVIOUS AUTHORIZATIONS**

FM-SCM-10-11-19