



**ACCESS SERVICES
SIGNATURE AUTHORIZATION CARD**

Date: _____

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**

*** DEPARTMENT OR ORGANIZATION INFORMATION**

Department or Organization Name

Dept./Org. Location (Building/Room #)

Office Phone #

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**

Approver Name (print or type)

Signature

Phone #

*** 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.

Name (print or type)

Phone #

Signature

THIS AUTHORIZATION SUPERSEDES ALL PREVIOUS AUTHORIZATIONS