LOCKSMITH SERVICES
SIGNATURE AUTHORIZATION CARD

Date: __________________________

* 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 # __________________________

Approver Name (print or type) __________________________ Signature __________________________ Phone # __________________________

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