ACCESS 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 # ____________________

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

FM-SCM-10-11-19