UNLV
UNIVERSITY OF NEVADA LAS VEGAS

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 # __________________________

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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 – however, if you would prefer to receive approval e-mails, check the box below.

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

This card expires when the endorsing signature above changes departments or leaves the University

THIS AUTHORIZATION SUPERSEDES ALL PREVIOUS AUTHORIZATIONS