



AUTHORIZATION FOR KEY REQUEST

Date: _____

Requester Name: _____

BUID: _____

Requester Email Address: _____

Faculty

Staff

Student

Other

Department Account Number: _____

Office/Cell Number: _____

Key ID Number: _____

Building: _____ Room Number: _____

Justification:

Print Name: _____
Department Head Date

Signature: _____

Approved: _____ Disapproved: _____
Justification

Signature: _____
Locksmith for Baylor Facility Services Date

Key(s) must be picked up and returned from the
Baylor Physical Plant located at 1919 S. 1st St.,
Monday-Friday, 7:30am-4:30pm.
Don't forget to bring your ID for keys to be released.