

## Authorization for Individual Key Request

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Faculty       Staff       Student       Other

Department Account Number \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Building Name \_\_\_\_\_ Room Number \_\_\_\_\_

Justification  
\_\_\_\_\_

Department Head Name \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Approve       Disapprove

Locksmith Signature \_\_\_\_\_ Date \_\_\_\_\_

Approve       Disapprove

Please return completed form to:  
**SRC@baylor.edu**