

**NORTHWESTERN UNIVERSITY  
KEY AUTHORIZATION FORM**

**KEYS ISSUED TO:**

NAME _____	UNIVERSITY ID _____								
KEY # _____	BLDG & RM # _____	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Lost	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deliver		
KEY # _____	BLDG & RM # _____	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Lost	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deliver		
KEY # _____	BLDG & RM # _____	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Lost	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deliver		
KEY # _____	BLDG & RM # _____	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Lost	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deliver		
KEY # _____	BLDG & RM # _____	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Lost	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deliver		
KEY # _____	BLDG & RM # _____	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Transfer	<input type="checkbox"/> Lost	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deliver		

CONTRACTOR KEY EXPIRATION DATE \_\_\_\_\_

I certify that this key is for my own use, and I agree to accept all responsibility for its use. I also agree to return the key when the need for it expires. (i.e. the key is no longer being used or when I leave the employment of the University.)

When a key is lost a NUPD police report must be filled out prior to requesting another key. Report # \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Receiving Key                      Date

I certify that the person listed above is authorized to receive this key.

\_\_\_\_\_  
Signature of Department Key Authorizer                      Date

\_\_\_\_\_  
Printed Name of Department Key Authorizer                      Phone Number

\_\_\_\_\_  
Department

Chart String \_\_\_\_\_

**Please obtain signatures of the key recipient and the department key authorizer**

- **Submission instructions:** Please attach this document to your Key Request in Facilities Connect.
- **When deliver box is selected there will be an added charge**