

**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 scan and email this signed form to facilities-key-requests@northwestern.edu
- **When deliver box is selected there will be an added charge**