



# Facility Services DEPARTMENTAL KEY CLERK AUTHORIZATION FORM

Forward this original copy with signatures to Facility Services, CSB-102. Do not fax or scan.

1 REQUESTING DEPARTMENT		
Date	Department	
Departmental Key Clerk Name		E-mail
Building	Room	Phone
Area Signing Authority Name		E-mail
2 AUTHORIZED SIGNATURES		
<p>In accordance with the McMaster University Key Control Policy, the signature of the Departmental Key Clerk and/or Area Signing Authority is required for all key requests. Please refer to Appendix 1 of the McMaster University Key Control Policy for the list of signatures required to authorize keys for various building locks. The signatures below will be considered the only signing authorities for the processing of key requests received by Facility Services.</p>		
Departmental Key Clerk Signature		
Area Signing Authority Signature		
3 FACILITY SERVICES USE ONLY		
Received by	Signature	Date