

VALPARAISO UNIVERSITY

KEY AUTHORIZATION FORM

Please complete one form per person and attach to the key request work order before submitting

Keyholder Information

First Name: _____ Last Name: _____

ID Number: _____ Department: _____

Key(s) authorized: Building(s): _____

Room(s)/Office(s): _____

Key Code(s): _____

GL Number: - -

Note: Be sure to include the employee's name and the GL number in the description of the work order

Approval Signature

Department Head/Chair Name: _____

Department Head/Chair Signature: _____

Date Signed: _____