



Please download this form on your department's letterhead.

Today's Date: _____

To: Lockshop Supervisor, Facilities & Campus Services

From: _____

By this notification, I request that your records be updated to include the following delegations for this department.

Key Coordinator

Name: _____

Title: _____

Phone: _____

E-mail Address: _____

Role if not Key Coordinator: _____

Key Proxy

Name: _____

Title: _____

Phone: _____

E-mail Address:

Role if not Key Proxy: _____

I understand that the Key Coordinator and the Key Proxy will represent this department as described in the Lock and Key Management Policy. If delegates are listed who are not the Key Coordinator or the Key Proxy, I have stated specifically the role each will have.

Signature of Department Head

Date

Printed Name of Department Head