



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

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Printed Name of Department Head