Arts and Sciences Facilities
Key Control Manager Form
Please return completed form to:
125 Old Chemistry Box 90045
Phone: 660-3041

Department/Program Name: __________________________________________________________

Cost Center: __________________________ (fund that will be charged for cutting of keys)

Department/Program Key Control Manager:
Authorization to request departmental office keys:

Name: __________________ Signature: __________________

Name: __________________ Signature: __________________

Mailing Address: __________________ Phone: _______ Fax: _______

Department/Program Key Control Manager:
Authorization to request departmental office keys, key cores & hardware changes:

Name: __________________ Signature: __________________

Mailing Address: __________________ Phone: _______ Fax: _______

Department Head Approval of above Controllers

Department/Program Chairperson/Director: __________________________________________

Signature (of Chairperson/Director): ______________________________________________

Arts and Sciences Facilities
Approval of departmental Key Controllers:

Name: Cathy J Carter Signature: __________________________
Assistant Director, A&S Facilities Office
125 Old Chemistry Box 90045
Phone: (919) 660-3041 Fax: (919) 660-3044

Special Notification:
Departmental key controllers are NOT authorized to obtain or change keys or door
hardware for classrooms, teaching labs, exterior door, group masters or building masters.
These types of keys and changes require a different procedure that has to be generated out
of the A&S Facilities office.
*Key cores & hardware changes must be coordinated with A&S Facilities Office.

Form updated Sept 2011