



UNIVERSITY CALIFORNIA, IRVINE

Key/Access Card Pickup and Authorization Request

This form will be used for authorizations and updates for department personnel granted permission to order and/or pickup keys for their department. It will be updated annually or when department changes are made, whichever occurs first.

Date: _____

Department Name: _____

Key Control Person: _____

Department Head: _____

Persons Authorized to PICK UP key(s)/Access Card(s)	Persons Authorized to ORDER key(s)/Access Card(s)
Name (type or print)	Name (type or print)
Signature	Signature
Name (type or print)	Name (type or print)
Signature	Signature
Name (type or print)	Name (type or print)
Signature	Signature

Signature of Department Head