

Key Authorization - Faculty / Staff / Other

**Use Student Authorization Form for ALL students*

Pacific University – Facilities Management

DATE: _____

NAME (of person receiving keys): _____

DEPARTMENT: _____

STA **FAC** **OTHER** (Title) _____
NOT A STUDENT

***SUPERVISOR** _____
(Print Full Name- Required)

SUPERVISOR'S AUTHORIZATION: _____
(Signature or Email Required)

BUILDING MGR.'S AUTHORIZATION: _____
(Signature or Email Required)

DATE TO BE RETURNED: _____

| KEY NO. (If known) | BUILDING | ROOM NUMBER(S) | <i>Completed by Facilities Staff</i> |
|---------------------------|-----------------|-----------------------|--|
| # _____ | Bldg _____ | Room _____ | Cost _____ |
| # _____ | Bldg _____ | Room _____ | Cost _____ |
| # _____ | Bldg _____ | Room _____ | Cost _____ |
| # _____ | Bldg _____ | Room _____ | Cost _____ |
| # _____ | Bldg _____ | Room _____ | Cost _____ |
| # _____ | Bldg _____ | Room _____ | Cost _____ |

When staff or faculty leave the university, it is their responsibility to return their issued university keys to our Facilities Management office, or the Hillsboro CPS office within two business days of termination. If keys are identified with staff or faculty who are no longer employed with Pacific University but are still listed in our data system, we will assess a replacement fee that will be charged back to the authorizing department.