Key Authorization Form

I am requesting that the following key(s) be distributed to:

NAME ________________________________________________________________

DEPARTMENT ___________________________________________________________

BUILDING _____________________________________________________________

ROOM NUMBER __________ __________ __________ __________ __________

KEY # (IF KNOWN) __________ __________ __________ __________ __________

Additional Information _______________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Signature of Authorized Personnel

______________________________________________________________

Printed Name

A Lehigh ID is required when picking up keys

Please refer to the Access Control Policy to understand Authorized Signatories and who has the authority to sign off on key distributions.

Please **DO NOT** just “drop off” keys – hand them to office staff or use the outside drop chute. Keys left unattended are the responsibility of the person “leaving” the key(s), and as such, are subject to the appropriate fee for a lost key if it is not shown as being returned in our system.

Prior arrangements to pick up or drop off keys after normal business hours can be arranged. All after-hours key transactions will take place at the University Police Department.

*PLEASE EMAIL COMPLETED FORM TO INIDEAL@LEHIGH.EDU*