

FACILITIES MANAGEMENT KEY SHOP

DEPARTMENT INFORMATION SHEET

COLLEGIATE UNIT _____

DEPARTMENT NAME _____

DEPARTMENT ADDRESS _____

DEPARTMENT PHONE # _____
(number to call when keys are ready or with questions)

DEAN OR DEPT DIRECTOR _____

DEPT ACCESS COORDINATOR _____
(person responsible for adherence and implementation of key policy)

AUTHORIZED APPROVER _____

ALTERNATE APPROVER _____

2ND ALTERNATE APPROVER _____

Any questions concerning this form should be addressed to Sue Parrott.

Please return this form to
Sue Connor
241 DAdB - Key Shop
(218) 726-6357

February 16, 2000