



# Key Authorization Form

UNL Key Shop  
942 N 22<sup>nd</sup> Street  
Lincoln, NE 68588-0835  
Phone 402-472-8083  
Fax 402-472-8246  
keyshop@unl.edu

Project: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Form Counter: \_\_\_\_\_  
Priority: \_\_\_\_\_

Date Created: \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Project Manager: \_\_\_\_\_  
Requestor Name: \_\_\_\_\_

## Contractor Information

Contractor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Person to Receive Keys: \_\_\_\_\_  
Approximate Duration that Contractor Will Need Keys: \_\_\_\_\_

## Key Information

Building Name: \_\_\_\_\_  
Department in Affected Area: \_\_\_\_\_  
Department Representative Name: \_\_\_\_\_  
Department Representative Email: \_\_\_\_\_

Room Numbers:	Keys:

### Terms and Conditions:

- All Key Requests must have at least a 24 hour turnaround from the time Key Authorization form is received by the Key Shop
- All roof access keys and elevator keys are checked out on a daily basis and must be returned each day by 4:30 pm; unless written approval has been given by UPD
- The individual's name listed on the Key Authorization Form must have a current UNL ID and the name on the UNL ID must match the name listed on the Key Authorization Form
- In the event of any lost or misplaced keys, the cost of any labor and/or materials used to re-key shall be the sole responsibility of the person and/or contractor listed on the key Authorization form

## UNL Key Authorization - Receipt for Contractor

Building Name: \_\_\_\_\_ Room Numbers: \_\_\_\_\_  
Contractor Name (Please Print): \_\_\_\_\_ Date Picked Up: \_\_\_\_\_  
Contractor Signature: \_\_\_\_\_  
*By signing, I accept the terms and conditions as stated above*

## Key Shop Use Only

Key Shop Name: \_\_\_\_\_ Tag #: \_\_\_\_\_  
Key Shop Signature: \_\_\_\_\_ Date Returned: \_\_\_\_\_