

UALR Key / Swipe Card Authorization Form

This form must be electronically signed by all approvers. The final approver must email the form to fmlockshop@ualr.edu

Last Name: _____ First Name: _____ MI: _____

Student/
Employee ID: _____ Job Title: _____ Phone: _____

Academic College / Univ. Admin. Office: _____

Department Name: _____ E-Mail: _____

Building	Room	Key Issued Swipe Card Issued	Date Issued	Date Returned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did you lose a key?

This section is for lost or stolen keys only

	Key #	Date Lost
If this section is filled out YOU MUST fill out corresponding information above if you need a replacement key.	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Department Head Name _____ Department Head Signature & Date _____

Dean/Director Name _____ Dean/Director Signature & Date _____

Authorization for Building Master, Sub Master Keys or Swipe Cards

Chancellor / Vice Chancellor Name _____ Chancellor / Vice Chancellor Signature _____

It is hereby agreed that at termination, all keys will be returned to the lock shop before a final check is issued.

Agreed & Received (Signature) _____ Date _____