

NORTHWESTERN UNIVERSITY
KEY AUTHORIZATION FORM FOR SILVERMAN HALL MEDECO KEYS

INSTRUCTIONS

1. **Fill out ALL sections below and obtain the required Department Key Authorizer Signature.**
2. **Email the completed form and a photo of the front and back of your INDALA-encoded Wildcard to clp-info@northwestern.edu . Medeco keys can take up to 1 week to be issued.**

KEYS ISSUED TO:

| | | | |
|-------|-------------|------------------------------|--|
| NAME | | UNIVERSITY ID | |
| KEY # | BLDG & RM # | <input type="checkbox"/> New | <input type="checkbox"/> Replacement <input type="checkbox"/> Transfer |
| KEY # | BLDG & RM # | <input type="checkbox"/> New | <input type="checkbox"/> Replacement <input type="checkbox"/> Transfer |
| KEY # | BLDG & RM # | <input type="checkbox"/> New | <input type="checkbox"/> Replacement <input type="checkbox"/> Transfer |

I certify that this key is for my own use, and I agree to accept all responsibility for its use. I also agree to return the key when the need for it expires. (i.e. the key is no longer being used or when I leave the employment of the University.)

| | | | |
|-----------------------------------|------|-------------------|---|
| Signature of Person Receiving Key | Date | Service Request # | |
| | | | Silverman Hall Facilities Administrator |

I certify that the person listed above is authorized to receive this key.

| | |
|---|--------------|
| Signature of Department Key Authorizer | Date |
| Printed Name of Department Key Authorizer | Phone Number |
| Department | |
| Chart String | |

FACILITIES MANAGEMENT USE ONLY

Work Order # _____

Status _____ **Date** _____

Entered _____

Cut _____

| | |
|--|--------------|
| Signature of Silverman Hall Facilities Administrator | Date |
| Printed Name of Department Key Authorizer | Phone Number |

Silverman Hall Submission Instructions to Facilities Management:

Silverman Hall Administrator to scan and email this signed form to facilities-key-requests@northwestern.edu