  
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**UNIVERSITY FACILITIES MANAGEMENT

Curator Authorization for Keys/Cards

I authorize the following to request keys and cards:

Building Curator Name (PRINT)

Building: Date:

Name: Banner number:

Department:

Signature:

This form must be filled out and emailed to [lockshop@kent.edu](mailto:lockshop@kent.edu) for each requestor.