

Facilities Management Key Shop

DEPARTMENT INFORMATION SHEET

Collegiate Unit _____

Department Name _____

Department Address _____

Department Phone # _____

Dean/Director _____

Dept Access Coordinator _____

Authorized Approver

Print name _____

Signature _____

Alternate Approver

Print name _____

Signature _____

2nd Alternate Approver

Print name _____

Signature _____

Any questions concerning this form should be addressed to Sue Connor - 726-6357 or sconnor@d.umn.edu

Please return this form to

Sue Connor

241 Darland - Key Shop

(218) 726-6357

or fax to (218) 726-6231