

# Facilities Management Key Shop

## Web Access Request Form

Department Name \_\_\_\_\_

Title (Dean/Director) \_\_\_\_\_

Name (Dean/Director) \_\_\_\_\_

Email Address (Dean/Director) \_\_\_\_\_

**I authorize the following individuals to request keys, proximity cards and special card access event programming for the areas for which I am responsible.**

	<b>Name</b>	<b>E-Mail</b>	<b>Pin#</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Any questions concerning this form should be addressed to Sue Connor @ 726-6357 or [sconnor@d.umn.edu](mailto:sconnor@d.umn.edu)

Please return this form to

Sue Connor

241 Darland - Key Shop

(218) 726-6357

or fax to

(218) 726-6231