SKIDMORE
COLLEGE

Key Assignment Authorization

(Return to Facilities Services)

***Applicant Information: (check on*)** ☐ **Faculty/Staff** ☐ **Student** ☐ **Temporary Employee**

Full Name: _____ **Phone:** _____

Email Address: _____

Employee ID: _____

Supervisor/Dept. Head/Chair Authorization (required)

Name: _____ Dept. Name: _____

Supervisor Signature: _____ Ext: _____

The above person is responsible for collecting and returning all keys to the Facilities Services office if the person who was originally issued keys does not turn them into HR or Facilities Services.

High Security Key require Authorization by one of the following individuals:

President/VP Finance & Admin/VP of Student Affairs (one signature is required for highest security keys)

Academic High Security Keys – President or VP of Finance & Administration/CFO

Signature: _____ Date: _____

Residential High Security Keys – President or VP of Student Affairs

Signature: _____ Date: _____

Keys Requested

	Building	Room #	Key # if Known		Building	Room #	Key # if Known
Key 1:				**Key 4:**			
Key 2:				**Key 5:**			
Key 3:				**Key 6:**			

Applicant Signature: _____ **Date:** _____