



KEY CONTROL AUTHORIZATION FORM

UNIVERSITY OF CALIFORNIA POLICE DEPARTMENT
Crime Prevention Unit, Sproul Hall, Room 36, #1199
FAX: 643-2186

DEPARTMENT: _____

DATE: _____

ADDRESS: _____

PHONE NUMBER: _____

DEPARTMENT
HEAD

Name (typed): _____

Phone: _____

Signature: _____

Fax: _____

Work Address: _____

e-mail: _____

KEY
CONTROLLER

Name (typed): _____

Phone: _____

Signature: _____

Fax : _____

Work Address: _____

e-mail: _____

ALTERNATE KEY
CONTROLLER

Name (typed): _____

Phone: _____

Signature: _____

Fax : _____

Work Address: _____

e-mail: _____

Check here if you would like assistance in developing a record-keeping system.