



UNIVERSITY OF SOUTH ALABAMA

KEY MANAGEMENT

The form is to authorize the designation of an individual within your Organization to be the contact person for all key access and access control information in your area. This individual will also be responsible for requesting all keys for individuals in the Organizations listed below.

Please complete this form and return it to KeyManagement@southalabama.edu within the next three business days. This form must be signed by the appropriate Dean/Department Head for each Organization.

Any changes regarding the information submitted on this form should be reported to Key Management as soon as possible. Failure to do so may cause delays in personnel in your Orgs receiving keys.

DEAN/DEPARTMENT HEAD:

NAME (PLEASE PRINT)	TITLE
SIGNATURE	DATE

UNIVERSITY ORG NUMBERS:

DESIGNATED PERSON FOR THE UNIVERSITY ORGS LISTED ABOVE:

NAME (PLEASE PRINT)	TITLE
SIGNATURE	DATE