UNIVERSITÉ Concordia UNIVERSITY

Campus Safety and Prevention Services

Send completed form to: keyctrl@concordia.ca for SGW
loy.keys@concordia.ca for Loyola

Faculty/Department:

Department Code:

The following individuals may authorize key request forms on behalf of this department:

Authorizing Person	Signature	Address
Name: Position:		Bldg/Room: Phone:
Name: Position:		Bldg/Room: Phone:
Name: Position:		Bldg/Room: Phone:
Name: Position:		Bldg/Room: Phone:

Approval: To be signed by department heads

_____
Department Head/Director Name (please print)

_____
Signature

_____
Title

_____
Date