Key/Sun Card Authorization Form
Completion Instructions

Field #	Field Name	Direction
(1)	Date Submitted	Use the MM/DD/YYYY format
(2)	Completed by	Name of individual completing form
(3)	Department/Unit Name	Department or Unit requesting authorization
(4)	HR Code	The Human Resource code of the department requesting key/Sun Card authorization.
(5)	Access areas	Check one of two boxes: 1. All areas for this HR code per the University Space Survey or 2. List buildings and room numbers individually.
(6)	Name	Indicate the name of the unit administrator and delegate(s) who can authorize keys for your department/unit. Please limit delegates to one.
(7)	Signature	Signature of the individual given Authority to approve Key Action Forms.
(8)	Name	Indicate the individual, if any, who will be maintaining department/unit paperwork. This person can receive the requests, verify the information, verify the appropriate signature(s), and submit the request. For audit purposes the person **cannot be an authorized signer**.
(9)	Phone Number	The phone number of the individual selected as the Department Key Coordinator.
(10)	Email	The email address of the individual selected as the Department Key Coordinator.
(11)	Name	This MUST be the Unit head, no exceptions. • For academic Units - a dean or department chair only. • For non-academic Units - a dean or director only.
(12)	Signature	The signature of the approved Unit head.
(13)	Date	The date the Unit head signs the form.

Key Request Forms will be delayed without a completed
Key Authorization Form on file with Poly FACMAN.