Clear

DELEGATION OF AUTHORITY *(KEY CONTROL)*	DATE

PART I -PERSON*(S)* AUTHORIZED TO RECEIVE KEYS

1. INDIVIDUAL*(S)* AUTHORIZED TO RECEIVE KEYS FOR THE FOLLOWING OFFICE*(S)* OR WORK AREAS

2. NAME *(Last, First, Initial)*	3. POSITION TITLE	4. SIGNATURE

PART II - AUTHORIZATION

The undersigned hereby ☐ delegates to ☐ withdraws from

the person*(s)* listed above the authority to sign for the following key number:

_____

PART III - AUTHORIZING OFFICIAL

1. NAME	3. SIGNATURE
2. TITLE	4. DATE