

Operations and Maintenance
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Highland Heights, KY 41099
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Department Key Designee Authorization Form

Designee Name:

Designee Phone Number:

Designee Email:

Designee Job Title:

Secondary Designee Name:

Sec Designee Phone Number:

Sec Designee Email:

Sec Designee Job Title:

Department:

Department Head:

Department Head Email:

Department Building/Room Number (Key Drop):

Chair/Director Name:

Dean/AVP Name:

Provost/VP Name:

Additional Information:

This Designee will serve as Work Control's contact person on all key issues including request, receipt and return of keys on behalf of the department's staff, faculty and students including our online portal. This designation is a full equivalent of signatory authorization of the Department Head for all access related matters. The Department Key Designee will retain key authorization until the Department Head notifies Work Control of changes. For further information, please visit our key control website.

Department Head Signature

Date