



# Facility Services DEPARTMENTAL KEY CLERK AUTHORIZATION FORM

Please send this original copy with signatures to CSB-102 or e-mail to [keys@mcmaster.ca](mailto:keys@mcmaster.ca)

**\*\*\* All fields required \*\*\***

1   REQUESTING DEPARTMENT		
Date	Full Department Name	Mosaic Department Code (refer to chartfield string)
Departmental Key Clerk Information		
Full Name	Mac ID	E-mail (McMaster e-mail only)
Building	Room	Extension
Area Signing Authority Information		
Full Name	Mac ID	E-mail (McMaster e-mail only)
2   AUTHORIZED SIGNATURES		
<p>In accordance with the McMaster University Key Control Policy, the signature of the Departmental Key Clerk and/or Area Signing Authority is required for all key requests. Please refer to Appendix 1 of the McMaster University Key Control Policy for the list of signatures required to authorize keys for various building locks. The signatures below will be considered the only signing authorities for the processing of key requests received by Facility Services.</p>		
<i>Departmental Key Clerk</i>		
Print Name	Signature	
<i>Area Signing Authority</i>		
Print Name	Signature	
3   FACILITY SERVICES USE ONLY		
Received by	Signature	Date