

UNIVERSITY of
HOUSTON
FACILITIES SERVICES

KEY PICK-UP AUTHORIZATION FORM

Date: _____

Department #: _____

I hereby authorize _____

(Type name of staff picking up key)

To pick-up keys ordered from the key holder _____

(Type name of key holder)

Certifying Signature authorized only:

(Signature)

(print)

(date)

Key holder: _____

(Signature)

Key receiver: _____

(Signature)

(Print)

(Date)

Front Copy of
Key Holder's
Cougar Card
(required)

(FSC ONLY)
Front Copy of
Key Picker's
Cougar Card
(required)

For FSC ONLY

Date key picked-up _____

FSC Staff verify Certifying Signature _____