KEY CONTROL AUTHORIZATION FORM
UNIVERSITY OF CALIFORNIA POLICE DEPARTMENT
Crime Prevention Unit, Sproul Hall, Room 36, #1199
FAX: 643-2186

DEPARTMENT: _______________________________  DATE: ______________
ADDRESS: __________________________________
PHONE NUMBER: ______________________________

DEPARTMENT HEAD

Name (typed): ____________________________  Phone: __________________
Signature: _______________________________   Fax: __________________
Work Address: ____________________________  e-mail: __________________

KEY CONTROLLER

Name (typed): ____________________________  Phone: __________________
Signature: _______________________________   Fax: __________________
Work Address: ____________________________  e-mail: __________________

ALTERNATE KEY CONTROLLER

Name (typed): ____________________________  Phone: __________________
Signature: _______________________________   Fax: __________________
Work Address: ____________________________  e-mail: __________________

☐ Check here if you would like assistance in developing a record-keeping system.