KEY CONTROL AUTHORIZATION FORM
UNIVERSITY OF CALIFORNIA POLICE DEPARTMENT
Crime Prevention Unit, Sproul Hall, Room 17, #1199
642-0469

DEPARTMENT: ___________________________ DATE: ___________________________
ADDRESS: ___________________________
PHONE NUMBER: ___________________________

Name (typed): ___________________________ Phone: ___________________________
Signature: ___________________________ Fax: ___________________________
Work Address: ___________________________ e-mail: ___________________________

Name (typed): ___________________________ Phone: ___________________________
Signature: ___________________________ Fax: ___________________________
Work Address: ___________________________ e-mail: ___________________________

Name (typed): ___________________________ Phone: ___________________________
Signature: ___________________________ Fax: ___________________________
Work Address: ___________________________ e-mail: ___________________________

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