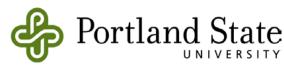
Request Number (FPM Use Only)

KEYBOX AUTHORIZATION & REQUEST						
Dept./Org.:			Area/Sect	./Grp. (if needed):		
Keybox Location (Bldg	& Specific Ro	oom):				
Dept Mail Code(s):	•	,				
Keybox Contact Email				Phone:		
Access Level		Required	Authorizati	on Signature(s)		
Level 1 - Room/Office/Suite key		Department Chair/Department Head				
Level 2 - Department Master key		Level 1 AND Dean/Director				
Levels 3 & 4 - FPM-specific keys		Level 2 AND FPM Director*				
Building & Room Additional Additi		ocation details (i		Key ID# (if known)	Access Level 1. 2. 3. 4.	
Signature			Print	Dept Cha	ir/Dept Head	
Signature			Print	t Dean/Director		
Signature			Print	FPM Dire	ector	
Signature			Print			

Keybox Contact will be notified via email when keys are ready for collection

Authorization & Release Form 10.2022



Form Guidelines:

• Key Authorizations require an FPM-approved Keybox Location.

Please provide all information regarding the Keybox - department or organization, group or section when multiple keyboxes exist, location, and keybox contact info.

- Recipients must be designated by the organization in order to pickup keys for the Keybox.
- A valid photo ID must be presented to Facilities & Property
 Management (FPM) staff for keys to be released to the recipient.
- Provide all known pertinent information regarding the access needed to aid FPM in determining the correct keys to issue - building & room numbers, key IDs, additional key/location details, etc.
- · Authorization Signatures required depend on Access Level requested.
- Authorization Forms should be submitted to keys@pdx.edu.

TERMS & CONDITIONS RELEASE AGREEMENT

The individual signing this document as 'Recipient' agrees to the following:

- I have received the listed key(s) and I agree to store the key(s) in the designated Keybox.
- If/When the listed key(s) are no longer needed in the organization's Keybox, I acknowledge that the key(s) should be returned to FPM located in University Services Building, room 202, or to the Campus Public Safety Office, if after hours.
- In the event that the listed key(s) are lost, stolen, or otherwise misplaced, I acknowledge that the organization should immediately notify FPM (503) 725-3738 and Campus Public Safety (503) 725-4407.
 A Lost/Stolen key report must be submitted.

R A CII	nioni	Initiale	
IXCUI	$o_{1}c_{11}$	Initials	

Date Stamp (FPM Front Desk use only)