

Request Number (FPM Use Only) \_\_\_\_\_

## KEYBOX AUTHORIZATION & REQUEST

Dept./Org.: \_\_\_\_\_ Area/Sect./Grp. (if needed): \_\_\_\_\_

Keybox Location (Bldg &amp; Specific Room): \_\_\_\_\_

Dept Mail Code(s): \_\_\_\_\_

Keybox Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Access Level	Required Authorization 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*

\*Additional approval and signatures may be required, as determined by FPM Director

Building & Room	Additional key/location details (if necessary)	Key ID# (if known)	Access Level			
			1.	2.	3.	4.
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### APPROVALS:

Signature _____	Print _____	Dept Chair/Dept Head
Signature _____	Print _____	Dean/Director
Signature _____	Print _____	FPM Director
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.

Recipient Initials \_\_\_\_\_

Date Stamp  
 (FPM Front Desk use only)