
AUTHORIZED DEPARTMENTAL APPROVER FOR KEY ISSUANCE

[Op11.11 Key Request Guidelines/Key Issue Policy](#)

Only College Deans, Department Heads, Directors or Vice Presidents are approving authorities for key issuance and will determine those individuals whose duties and responsibilities require possession of keys; or deem such privileges necessary. At any time these privileges may be suspended or revoked by the approving authority or the Director of Safety and Transportation or his designee. The approving authority must provide reasonable notice in writing for both the key holder and Key Control if such privileges are suspended or revoked.

The approving authority can only approve keys for areas under his/her supervision (building, area or department). Any faculty, staff, student or graduate assistant needing access to keys for an area under the supervision of another approving authority other than his own, must have the key request form approved by the approving authority for that area.

Only the approving authority of an area or the Director of Safety and Transportation can authorize access to master keys. **No students or graduate assistants will be issued master keys of any type.**

- A list of departments and the approving authorities, along with the signatures of each, must be provided to Key Control prior to the beginning of each fall semester and any time there is a change in the position of the approving authority.
- The approving authority or his/her designee must notify Key Control when any faculty, staff or student is terminated, graduates, or leaves the university for a period of more than two weeks. Notice must be received in writing via email to keycontrol@missouristate.edu within one week of their departure.
- No key request transactions may be processed without the proper/current Signature Authorizations on file.

Department Name: _____

Approver Name: _____

Title: _____

Work Phone #: _____

Email Address: _____

Proxy (for additional authorization of keys requested for your area of responsibility)

Name: _____

Title: _____

Work Phone #: _____

Email Address: _____

Authorized Signature Date

KEY CONTROL USE ONLY:

TMA Department Record Updated Date: _____ Initials: _____