

Santa Fe College
Approval Form for Key Coordinators

Date: _____

Department Name: _____

Building name and/or room numbers: _____

The following individuals are granted authority to request keys as indicated for the above named areas.

Authority to Request Keys (Please type or print clearly)	
Name and SF ID #	Signature:
_____	_____
_____	_____
_____	_____

Departmental Key Coordinator(s) (Point of contact for all issues relating to building access) (Please type or print clearly)	
Name and SF ID#	Signature:
_____	_____
_____	_____
Location:	Phone Number:
_____	_____

Please be sure that all information fields are complete and form is signed by the appropriate authority.

Name of Approving Divisional VP	Signature	Date
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Mail, e-mail, or hand deliver completed form to the Santa Fe College Locksmith Department:

Deliver completed forms to:

E-mail: Bill.Mikulski@sfcollge.edu
 Mail: 3000 NW 83rd Street
 Bldg. U
 Gainesville, FL 32606
 Phone: (352) 381-0714

Pick up keys from:

Helen.Legall@sfcollge.edu
 3000 NW 83rd Street
 Bldg. T
 Gainesville, FL 32606
 (352) 395-5519