

Master or Grandmaster Key Request Form

This document is submitted in accordance with TWU's [URP 04.530 Key Control](#) and is submitted with the intent to assign the requested key as follows:

Building and Key Requested (Master or GM)	Requestor Phone Number (incl. Area Code)
Name of Person Key Requested For	Title of Person Key Requested For
TWU ID # of Key Requested For (Ex. 900123456)	Email for Person Key Requested For

KEY ASSIGNMENT JUSTIFICATION
* Unless FMC or DPS personnel, must list specific areas and rooms for which access is requested.

Requesting Key Holder (Signature)	Date Signed
Departmental Authorizer (Printed Name)	Departmental Authorizer Title
Departmental Authorizer (Signature)	Date Authorized
Processed by (FMC staff)	Date Processed
Signature – Sr. AVP, FMC/CFO	Date Authorized
Signature - VP, Finance & Administration (Required for Grandmaster)	Date Authorized