KEY AUTHORIZATION

TO: Facilities Manager
Mechanical & Aerospace Engineering, UCLA

FROM (Advisor): ________________________________

RE: Authorization to Issue Key(s)

You are hereby authorized to issue a key (s) to room _____________________,

to the following student(s):

Name of Student: ________________________________
______________________________

Please Note: There is a required check deposit on keys (no cash accepted).

(Advisor) Signature Approval ___________________ ___________ Date

☐ 1. Emergency form complete (date) _______________
☐ 2. Oath (date) _______________
☐ 3. Patent (date) _______________

Approval ___________________ ___________