



DEPARTMENT KEY AUTHORIZATION

Date ___/___/___

Dept. 6 Digit Org Code _____

Department Name _____

A NEW FORM NEEDS TO BE SUBMITTED WHEN REQUESTORS ARE EITHER ADDED OR REMOVED FROM YOUR DEPARTMENT. THE NEW FORM SHOULD INCLUDE ALL AUTHORIZED PERSONS FOR THE DEPARTMENT. ALL FIELDS MUST BE COMPLETED. INCOMPLETE FORMS WILL BE SENT BACK.

AUTHORIZED SIGNATURES:

There should be two (2) persons authorized per department.

Print/Type Name	Signed Name	UIN#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact Person: _____

Building: _____

Room: _____ Mail Code: _____

Phone #: _____

Dept/Contacts Email: _____

RETURN COMPLETED FORM IN PDF FORMAT TO:
fsserviceoffice@illinois.edu

Department Head's Signature _____

Department Head's Printed Name _____

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