

Key Coordinator
Authorization Form

Please complete the form and send to the Physical Plant access request email:

accreqfg@umanitoba.ca

Department or Faculty: _____

Key Coordinator:

(Print Name)

(Signature)

(Phone No.)

(Address)

(Email Address)

Alternate Key Coordinator:

(Print Name)

(Signature)

(Phone No.)

(Address)

(Email Address)

Dean, Director or Head of Administrative Unit:

(Print Name)

(Signature)