

Please use this form to identify a change in Key Control Officials for your building/department. Please fill out the first table with the currently named Key Control Official and the currently named backup. In the second table, please identify the newly named Key Control Official and the backup. If there is not a change to the backup, you may leave that section blank.

**Current Key Control Official**

Name: \_\_\_\_\_  
 Dept: \_\_\_\_\_  
 Building: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Backup Key Control Official**

Name: \_\_\_\_\_  
 Dept: \_\_\_\_\_  
 Building: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**New Key Control Official**

Name: \_\_\_\_\_  
 Dept: \_\_\_\_\_  
 Building: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Backup Key Control Official**

Name: \_\_\_\_\_  
 Dept: \_\_\_\_\_  
 Building: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Signature to authorize this request

Date

**Route this completed form to:**  
 Facilities Management  
 Work Control Group  
 Thorson Maintenance Center  
[ndsufacilitiesmanagement@ndsu.edu](mailto:ndsufacilitiesmanagement@ndsu.edu)  
 Tel: (701) 231-7911