



Restricted Key Code Release / Authorization

Authorizing Company: [Registered Owner of Key Code(s)]

Company Name: _____

Contact: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Fax: _____

Company being given Authorization:

Company Name: _____

Contact: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Fax: _____

Key Code(s):

This authorization applies as follows: (select one)

- One time ONLY**
- Ongoing** (both companies will have the authority to order duplicate keys)
- Release Key Code(s) COMPLETELY** (currently registered company will no longer have access to the code(s) listed)

Name: _____ Title: _____

Signature: _____ Date: _____

FOR COMPANY USE:

VERIFIED:	SCANNED:	KR:	BY:	DATE:
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