

*Locksmith Services *must be alerted immediately* of any changes to DKC personnel.

Fill, print, sign and then FAX this form to 22637 or send via email to: PhysicalPlantLocksmithShop@uncw.edu

Designated Key Controller (DKC) Position Change Form

This form is to be completed when the *DKC position is being re-assigned* to another UNCW employee. This form must be **completed by** the *departing DKC* or the Department head. The completed form **must be signed** by the Department Head **and** the new DKC **and sent to Locksmith Services** via FAX (2-2637) or emailed to PhysicalPlantLocksmithShop@uncw.edu for campus-wide records to be updated.

Newly assigned **DKC** is required to attend the next available software training session.

Locksmith Services offers a 2-hour training session twice a year on the KEYSTONE 600N5 key-tracking software. Training is held on campus, the first week of every August and February.

Department:

Date of change:

Department Head Name:

Phone ext.:

(INCOMING) DKC Name:

Phone ext.:

UNCW One Card:

BUILDING Name:

Office Room:

(Former) DKC Name, if known:

UNCW One Card:

Authorizing Signatures

X _____
Department Head Signature (required) Date

X _____
(New) DKC's Signature (required) Date