Archibus	Number			

The University of Tennessee Health Science Center Key Order Form (Please type or print)

ONE KEY PER FORM

UT Employee	UTMG Employe	eOther	(i.e. MED, VA)
Name	Personne	l Number	UTHSC E-Mail
Building & Room I	Number Depart	tment	UTHSC Phone Number
BUILDING	ROOM NUMBER	CORE MARK	SUB NUMBER
	promptly, and replacements in	cur a \$10 fee. Submiss	ion implies agreement with these
By signature, I acknowled	dge that I have read the Key C		I am receiving the above key:
By signature, I acknowled		Control Policy and that	I am receiving the above key: (Date Signed)
By signature, I acknowled	dge that I have read the Key C Requestor Signature)	Control Policy and that	I am receiving the above key: (Date Signed)
By signature, I acknowled (F	dge that I have read the Key Control (1988)	Control Policy and that	I am receiving the above key: (Date Signed)
By signature, I acknowled (February Count Name (Authorizing Sig	dge that I have read the Key Control (1988)	Control Policy and that Account Number (Print N	I am receiving the above key: (Date Signed)
By signature, I acknowled (Figure 1) (Authorizing Signature Sign	dge that I have read the Key Control	Control Policy and that Account Number (Print N	(Date Signed)