Archibus Number _____

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

ONE KEY PER FORM
COMPLETED FORM MUST BE ATTACHED TO AN ARCHIBUS WORK ORDER REQUEST

__UT Employee __UTMG Employee __Other _____ (i.e. MED, VA)

Transfer From: _____ _____ _____
Name Personnel Number UTHSC E-Mail

Transfer To: _____ _____ _____
Name Personnel Number Department

_____ _____ _____
Building & Room Number UTHSC Phone Number UTHSC E-Mail

BUILDING	ROOM NUMBER	CORE MARK	SUB NUMBER

NOTE: This key remains the property of The University of Tennessee Health Science Center and while in the possession of the undersigned, must not be swapped or loaned to another person. If key becomes lost, you must report it via email to the Business Office (uthscfacilities@uthsc.edu) within 5 days & pay the $10.00 Key Fee.

By signature, I acknowledge that I have read the Key Control Policy and that I am receiving the above key:

_____
(Signature)

Authorizing Name, Signature, & Title _____

Account Name & Account Number _____

KEY CONTROL USE ONLY

Issued By _____ **Date Issued** _____

Original ARCHIBUS Number _____ **Disapproved** _____

Comments _____

_____

Revised December 2023