

THE UNIVERSITY OF HEALTH SCIENCE CENTER

KEY ORDER FORM

(Please Type or Print)

UT EMPLOYEE UTMG EMPLOYEE OTHER _____ (i.e. MED, VA, etc.)

NAME (Last, First, M. Initial)

SOCIAL SECURITY NO.

DATE

CAMPUS ADDRESS (Bldg. & Room No.)

DEPARTMENT

UT TELEPHONE

BUILDING	ROOM NO.	CORE MARK	SUB #

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. This key must be returned to Locksmith Office (Physical Plant 224) Mon. - Fri., 8-11:30 a.m. and 1:00 - 4:30 pm upon termination, or transfer in order for the Exit Clearance Form to be completed. If key is lost, you must report in writing to Facilities Admin. **COMPLETED FORM WILL NEED TO BE ATTACHED TO AN ARCHIBUS WORK ORDER REQUEST.**

By signature, I acknowledge I have read the above rules and acknowledge receipt of above key:

SIGNATURE

ACCOUNT NAME _____ ACCOUNT NUMBER _____

AUTHORIZING SIGNATURE _____ PRINT NAME _____ TITLE _____
FOR ABOVE SPACE _____

ACCOUNT TO BE CHARGED FOR KEY _____ ACCOUNT NUMBER _____ AUTHORIZING SIGNATURE _____
(if different from above) (if different from above)

KEY CONTROL USE ONLY

DATE KEY ISSURED _____ ISSUED BY _____

MASTER KEY APPROVAL _____ DISAPPROVED _____

COMMENTS: _____