TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
REQUISITION FORM for KEYS
(All Campuses)

Applicant _____ Tech ID (R#)_____
Last First Middle

Position Title:_____Work Phone#_____

Department/Division:_____ Office Rm. No:_____

Supervisor's Name:_____Rm. No._____Phone:_____

SUPERVISOR'S SIGNATURE _____

Employed By: _____Date: _____

KEYS:

This individual is authorized to the following buildings:			
Campus	**Building**	**Room #**	**Key #**

If applicable:

Animal Use Training Confirmation: _____ _____Date:_____
LARC Manager

Keys are the property of TTUHSC and are for the exclusive use of the person to whom they are issued. They are not to be borrowed, loaned, rented, or sold. Keys must be returned to TIUHSC at the end of employment or completion of course work and shall not be passed on from one individual to another. Any key that is being misused shall be confiscated. **I understand that if my keys are lost or abused, I will be assessed a fee of $25.00 per each lost or abused key.**

Notify the Police and/or Facilities Department immediately if your keys are lost or stolen.

"This is to certify that I understand that my key use may be reviewed upon request and If I am not in full compliance with TTUHSC OP 61.24 my privileges may be revoked."

Signature of Applicant:_____Date: _____

APPROVAL:
AUTHORIZED SIGNATURE:_____Date:_____
Authorizing Signature must be on file with Facilities Operations & Maintenance Dept.

Position Title:_____Phone:_____

This Original form must be presented to Facilities Operations & Maintenance Dept. before key distribution.

TTUHSC PROCESSING

Completed by _____ Date: _____

Director: _____ Date: _____