Key Issuance Signature Authority
TTUHSC Campuses

Instructions: Per HSC OP 61.24, authorized key Issuance approval signatures of either a department/division chairperson or administrator must be kept on file for reference and verification purposes. Please fill out this form in its entirety, specifying the individual(s) who are authorized to approve issuance of keys for your assigned area.

Please note: masters, grand masters, common areas, and outside entrance door keys will be evaluated per HSC OP 61.24.

The following individual(s) are granted signature authority for issuance of keys for the areas assigned to: (one form per area)

(Example: all SOP, all SOM, Pediatrics, Pharmaceutical Sciences, Nursing, Family Medicine, etc.)

Alternate 1 Signature: _____ Date: _____

Name and Title: _____
(Type / Print)

Alternate 2 Signature: _____ Date: _____

Name and Title: _____
(Type / Print)

☐ I do not wish to elect an alternate key request signature authority. By checking this box I understand keys to areas identified above will only be issued on my signature (shown below).

Approval:

Signature: _____ Date: _____

Name and Title: _____

I understand that giving the authority to sign on key requests will only be in reference to key request forms submitted to the Facilities Operations Department at the appropriate campus where key is being requested (please reference HSC OP 61.24).

I understand if at any time I wish to revoke authority, I must do so via a written memo/email request to be submitted to the Facilities Operations Department at the appropriate campus where key is being requested (please reference HSC OP 61.24).

I understand that if I wish to add additional or change persons listed on this form, I must submit a new authorization form.

This form or letter to revoke authorization must be submitted to:

Facilities Operations Department
As identified in HSC OP 61.24
Only original signatures are accepted