

The University of Texas Health Science Center at San Antonio General Access/Key Request Form

Last Name _____ First Name _____ MI _____
 Contact E-Mail _____ ID # _____ Request Date _____
 Department _____ Dept Code _____ Dept Phone # _____

Access Information

Department Completes

Bldg #	Room	Timeframe	Bldg #	Room	Timeframe	Bldg #	Room	Timeframe

Key Information

Department completes

Recipient completes at time of pick up

Police use

Bldg #	Room	Core #	Signature	Date	Key #	Peg #

Refer to HOP 8.7.9 for the definition of Authorized Signature

Authorized Signature & Date

Digital Signature (includes date & time)

Digital Signature

Digital Signature

I acknowledge receipt of the above listed Keys/Access and agree to adhere to University Hop policies 8.7.9 and 8.7.12

Notes:

UT Police use only

Date department notified for access/key pick up _____ Phone E-mail

Person notified _____

Employee Student Other _____ Deposit Yes No