

# 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