

# UT Health San Antonio LAR Key Request Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Contact E-Mail \_\_\_\_\_ ID # \_\_\_\_\_ Request Date \_\_\_\_\_

Department \_\_\_\_\_ Dept Code \_\_\_\_\_ Dept Phone # \_\_\_\_\_

### Key Information

Department completes			Recipient completes at time of pick up		Police use	
Building Name	Room	Core #	Signature	Date	Key #	Peg #

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

Notes:

Principal Investigator \_\_\_\_\_

Protocol #(s) that requestor is listed on \_\_\_\_\_

- DLAR Training Complete?  No  Yes

**LAR Approval Signature & Date**  
Digital Signature (includes date & time)

Refer to HOP 8.7.9 for the definition of Authorized Signature

**Authorized Signature & Date**

Digital Signature (includes date & time)

Digital Signature

Digital Signature

DLAR use only

Verification of DLAR Training provided by \_\_\_\_\_ Date \_\_\_\_\_

Date Protocol Verified \_\_\_\_\_

UT Police use only