

## The University of Texas Health Science Center at San Antonio Key Request

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Request Date \_\_\_\_\_  
Last Name, First Name MI

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

### Key Information

Department completes			Recipient completes at time of pickup		Police Use	
Bldg #	Room	Core#	Signature	Date	Key#	Peg#

Authorized Signature	Date

**Refer to HOP 8.7.9 for  
definition of Authorized  
Signature**

### Issuance Agreement

I acknowledge receipt of the above listed keys and agree to adhere to the Building Keys Policy as per University Handbook of Operating Procedures. I acknowledge it is my obligation to read HOP 8.7.9 Building Keys.

- ▶ I am responsible for use and control of my keys. I will not loan or transfer them in any way. All keys remain the property of the university. Exception: Key Rings.
- ▶ I shall not open any doors for other people.
- ▶ The keys should not be altered, defaced or duplicated.
- ▶ Theft or loss of a key must be reported to UT Police immediately.
- ▶ A replacement fee of \$25 will be charged for each lost, stolen or non-returned master or sub-master key.
- ▶ A replacement fee of \$10 will be charged for each lost, stolen or non-returned key.
- ▶ A replacement fee of \$4 will be charged for each key abused or misused.
- ▶ I understand that failure to abide by the above rules is punishable by disciplinary action, up to and including termination.
- ▶ I understand I am responsible to give a signed copy of this form to my department after picking up the keys.

\_\_\_\_\_  
Signature Date

Date Department notified for key pickup \_\_\_\_\_ Time \_\_\_\_\_  Phone and or  Email  
 Person notified \_\_\_\_\_  
 Employee  Student  Other \_\_\_\_\_