The University of Tennessee Health Science Center Key Order Form (Please type or print)

ONE KEY PER FORM

COMPLETED FORM MUST BE ATTACHED TO AN ARCHIBUS WORK ORDER REQUEST

UT Employee	UTMG Employ	eeOther	(i.e. MED, VA)
Name	Personr	nel Number	UTHSC E-Mail
Building & Room	Number Depa	rtment	UTHSC Phone Number
BUILDING	ROOM NUMBER	CORE MARK	SUB NUMBER
the undersigned, must not I the Busines	ss Office (uthscfacilities@uthsc.e	du) within 5 days & pay	the \$10.00 Key Fee.
the Busines	ss Office (uthscfacilities@uthsc.e		
the Busines	edge that I have read the Key		
the Busines	edge that I have read the Key	Control Policy and tha	It I am receiving the above key:
the Busines By signature, I acknowle	edge that I have read the Key (Sign	Control Policy and tha	It I am receiving the above key:
the Busines By signature, I acknowle	edge that I have read the Key (Sign nre, & Title	Control Policy and tha	It I am receiving the above key:
the Busines	edge that I have read the Key (Sign nre, & Title	Control Policy and that ature)	It I am receiving the above key: