

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Key Requisition Form

Date: _____ ID #: R _____
 Last Name: _____
 First Name: _____ Middle Name: _____
 Position Title: _____
 Office Phone#: _____ Ext. # _____ Mail Stop _____
 Office Building/Room#: _____
 Supervisor's Name: _____
 Supervisor's Phone #: _____ Ext. # _____
 Department/Division: _____
 Employed by: TTUHSC
 UMC
 Other _____

Date Keys Required: _____

Please submit room # for keys requested below:

Building & Room#	Key#

**Keys can be picked up by the person to whom the keys are being issued, at:
 TTUHSC EP Lock Shop**

This completed form MUST be emailed to lockshop@ttuhsc.edu from the person authorized by the department to request keys or can be completed and signed by the authorized key requestor and then hand delivered to the Lockshop when picking up keys.

These keys are the property of TTUHSC EP and are for the exclusive use of the person to whom they are issued. They are not to be borrowed, loaned, rented or sold. The keys must be returned to the Plant Operations Lockshop – El Paso at the end of employment and shall not be passed on from one employee to the next. Any key that is misused shall be confiscated by the Police and removed from the system.

Contractor retainage may be held until issued keys are returned.

Signature of Applicant: _____ Date: _____

APPROVAL

Authorized Signature: _____ Date: _____

(Authorizing Signature must be on file with Plant Operations – El Paso)

Position Title: _____ Department: _____

To Be Completed by Lockshop	
Completed By: _____	Date: _____