TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
KEY HOLDER CARD

NAME: _____ DEPT: _____

DATE RECEIVED: _____ OFFICE: _____ PHONE #: _____

SIGNATURE OF KEY HOLDER: _____

Keys are the property of the HSCEP and are for the exclusive use of the person to whom they are issued. They are not to be borrowed, loaned, rented or sold. **DUPLICATION OF A KEY IS STRICTLY PROHIBITED. KEYS MUST BE RETURNED TO TTUHSC EP PHYSICAL PLANT/ LOCKSHOP AT THE END OF THE KEY HOLDER'S EMPLOYMENT OR UPON CHANGE OF SPACE OR ROOM ASSIGNMENT. KEYS SHALL NOT BE PASSED ON FROM ONE EMPLOYEE TO THE NEXT.**

AUTHORIZING SIGNATURE: _____ PHONE #: _____

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DATE OF TERMINATION: _____ SIGNATURE: _____

REMARKS: _____

_____

DATE	KEY#	RECEIVED	RETURNED