

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
AUTHORIZING SIGNATURES FOR KEY ISSUANCE**

TYPED/PRINTED NAME

TYPED/PRINTED NAME

SIGNATURE

SIGNATURE

DEPARTMENT

DEPARTMENT

PHONE

PHONE

TYPED/PRINTED NAME

TYPED/PRINTED NAME

SIGNATURE

SIGNATURE

DEPARTMENT

DEPARTMENT

PHONE

PHONE

DEPARTMENT HEAD – *Signature*

Date

NOTE: The person authorizing this form must be on file with Plant Operations as being the head of their department or division.