

UT HEALTH SCIENCE CENTER KEY TRANSFER FORM

UT EMPLOYEE UTMG EMPLOYEE OTHER _____ (i.e. MED, VA, etc.)

TRANSFER FROM: _____ SOCIAL SECURITY NO. _____
NAME

TRANSFER TO:

NAME (Last, First, M. Initial) SOCIAL SECURITY NO. DATE

CAMPUS ADDRESS (Bldg. & Room No.) DEPARTMENT UT TELEPHONE NO.

ONE FORM FOR EACH KEY

BUILDING	ROOM NO.	CORE MARK

CAUTION

You must return all UT office and Building Keys issued to you to the Office of Security Affairs upon termination or transfer and before you can exit clear from the campus. Do not swap or loan keys. If key is lost, you must report it in writing to Security Affairs within 5 days and pay \$10.00 (Ten dollars) before another key will be issued.

By signature, I acknowledge receipt of above key:

SIGNATURE

ACCOUNT NAME _____ ACCOUNT NUMBER _____
(TO WHOM ABOVE SPACE IS ASSIGNED)

AUTHORIZING SIGNATURE

FOR ABOVE SPACE _____ SOC. SECURITY NO. _____

KEY CONTROL USE ONLY

DATE KEY TRANSFERRED _____

KEY CONTROL SIGNATURE _____

COMMENTS: _____