



H. LEE MOFFITT
CANCER CENTER

SecurID Token Receipt File Copy

Information Technology Department

This file copy will remain on file as a receipt of the SecurID hard token you now have in your possession.

First, MI, Last Name:

Company Name:

Address:

Phone Number:

Moffitt Representative /Sponsor Name, Title and Phone: Shelley Digiacommo Director, Clinical Systems

Issue Date:

Software Token Serial Number:

Model: RSA 5-year SecurID Hard Token

Secure ID Recipient

Please return this signed copy to the Information Security & Protection Group to the following address:

H. Lee Moffitt Cancer Center & Research Institute
Attn: IT – Information Security & Protection
12902 Magnolia Drive
Tampa, FL 33612-9416

Note: Faxed copies of the signed form are accepted at (813) 745-5681.