

University of South Florida USF Health Key Authorization

Please email completed form to
Ashley Tower at towera@usf.edu

Recipient

Last Name:	First Name:	MI:
GEMS ID#:	Email Address:	
Campus Mailing Address:	Phone:	

Check One: Staff Faculty Student Other

Key For:

Department:	Building:	Room:
-------------	-----------	-------

Charge to Account:

Reason for request:

New Occupant Addt'l Occupant Room Change Other Explain Other :

Please list person who last occupied this office Name

Dept Head:	Signed:	Date:
HSC Facilities:	Signed:	Date:
Physical Plant:	Signed:	Date:

Has IFIS been updated to reflect this occupancy change? Yes No N/A

Key Shop Only:

BLDG:	Room:
Code:	Serial #:
Issued By:	Date:

By signing this form, I the requestor, understand that I am responsible for the security and proper use of this University key, have read University policy #6-012, and understand that my personnel record will not be cleared when terminating, transferring, or going on leave until this key is returned. I also understand that \$50.00 may be deducted from my pay to help defray the cost of re-keying an area resulting from the loss of my key.

Print Name:	Signed:	Date:
-------------	---------	-------