

# University of South Florida USF Health Key Authorization

Please fax completed form to Ashley Tower at  
974-3846 or email to [towera@health.usf.edu](mailto:towera@health.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:
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## 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:
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