



UMHHC Key Request Form

Key/ID Office, Med Inn Building - Rm C158,
1500 E. Medical Center Dr. Ann Arbor, MI 48109

Phone # (734) 763-6376 Fax # (734) 763-5016 <http://www.med.umich.edu/security/keyid.htm>

NOTE: Only (1) ONE KEY PER FORM & (1) ONE KEY ISSUED PER PERSON – NO DUPLICATE KEYS
Must Complete Entire Form to issue key – PRE-STAMPS or Alterations Made to Form will NOT BE ACCEPTED

KEY ISSUED TO:

NAME: (PRINT)	(Last)	(First)
UMID:		DEPT:
TODAY'S DATE:		DEPT. Phone ()

Reason for Request (select one)

<input type="radio"/> New Key	<input type="radio"/> Lost Key (Attach "Lost Key Report" – see website)	<input type="radio"/> Returned Key ____/____/____ (Date) ** NO TRANSFERS – PLEASE RETURN YOUR KEY TO KEY-ID OFFICE**
<input type="radio"/> ROOM/AREA	<input type="radio"/> BLDG.	<input type="radio"/> KEY NUMBER/TYPE (ex. 2GMA-11)

Dept. Head/ Authorized Representative (Must be completed by authorizer): DEPT: _____
 _____(SIGN) _____(DATE) _____
 (PRINT) Dept. Head/ Authorized Representative (Must Sign to Authorize Key)
 Title _____ Dept. Phone# _____ Provide email: _____

For OFFICE STAFF ONLY	<input type="checkbox"/> Key Issued to Customer by Staff (initials): _____ DATE ____/____/____ SERIAL# _____
	<input type="checkbox"/> Key Picked up by: (PRINT CLEARLY) _____ Date ____/____/____

Rev. 12/4/2014



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