



KEY REQUISITION

(Type or print name of person requesting key) **for** _____
(Type or print name of person receiving key)

To: Shawn Flock

Date: _____

Please issue to the person named above a key for room(s) # _____
_____ # _____ # _____ # _____

RATIONAL FOR REQUEST: _____

AUTHORIZING SIGNATURES:

(Signature of Dept. Head)

(Dept. Name)

(Dept. Phone)

(Signature of Director of Physical Plant)

(Signature of HIPAA Manager)*
**Required if requesting to access a
main clinic door, or any area that
may allow access to protected health
information.*

RECEIPT:

This key is received with the understanding that it will ***not*** be loaned or transferred to any person, that due care will be observed in locking doors after passing through them by means of this key, and that the key will be returned upon termination, transfer or change in job function of the person to whom it is issued.

Signed: _____
(Person Receiving Key)

Date: _____

(Once the key(s) is issued, the fully signed form should be returned to the Director of the Physical Plant for filing.)