



KEY REQUEST

Only one key per form & one key issued per person: **NO DUPLICATE KEYS ISSUED. NO TRANSFERS.**
 Pre-stamps or alterations made to form will not be accepted.
PLEASE RETURN YOUR KEY TO KEY/ID OFFICE (Med Inn Buiding C158, 1500 E. Medical Center Dr.)
 Phone: (734) 763-6376 | Fax: (734) 763-5016

EMPLOYEE INFORMATION		
UMID#	NAME:	DATE:
DEPARTMENT:		DEPT. PHONE:
REASON FOR REQUEST		
NEW KEY	LOST/STOLEN KEY (MUST BE ACCOMPANIED BY LOST KEY REPORT)	RETURN
KEY DESCRIPTION		
BUILDING:	ROOM/AREA:	KEY NUMBER/TYPE: <small>Ex. 2GMA-11</small>
DEPARTMENT HEAD / AUTHORIZED REPRESENTATIVE (Must be completed by authorizer)		
Dept. Head/Authorized Rep.	Signature	Date
TITLE:	DEPT PHONE	UNIQUENAME:
KEY/ID OFFICE STAFF ONLY		
Key/ID Staff Initials	KEY ISSUED TO:	NAME: _____
		TITLE: _____
		UMID #: _____

Michigan Medicine Security Key Request Form - Revised August 2017



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