

NeuroDiagnostic Institute

Key Request Form

Please complete all appropriate sections of this form and submit it to Facilities. All request for keys will be processed with 48 hours if at all possible.

Date of Request _____

Mark the appropriate choice:

- Request of initial keys
- Request for additional keys
- Employee change in status (Key Exchange)
- Replace bent or damaged key (Damaged key must be returned to Facilities)
- Replace lost keys (Receipt from Business Office must accompany the request form)
- Other

Employee Name

_____ Last _____ First _____ MI

_____ Cluster _____ Service Line/Department _____ Title

Keys required if known and/or areas to access:

If you are requesting to replace a lost key you must bring a receipt from the Business Office showing payment for the new key. If you find the lost key after a new one has been issued, bring the key to the Physical Plant for verification and the cost of the replacement set will be refunded by the Business Office.

_____ Signature of Service Line/Cluster Leader _____ Date