



University of Michigan
Hospitals and Health Centers

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>

KEY ISSUED TO: (Must Complete Entire Form to issue key)

UMID _____ Name _____
(PRINT) Last First Middle Initial
Department _____ Title _____ Dept Phone # _____

New Key Lost Key (report attached) Returned _____
Date _____
 Key Transfer to: (PRINT) _____
(Former Employee) Name _____ UMID# _____ Date _____

Dept Head/Authorized Representative:
(PRINT) _____ (SIGN) _____ Date _____

(Must be signed by authorizer – PRE-STAMPS or Alterations Made to Form will NOT BE ACCEPTED)

Key Description (ex. 2GMA-11) _____ ROOM/AREA _____ BLDG _____

For OFFICE STAFF ONLY Key Serial # _____ Issued by _____ Date _____

RQ2080088 Rev. 5/08



University of Michigan
Hospitals and Health Centers

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>

KEY ISSUED TO: (Must Complete Entire Form to issue key)

UMID _____ Name _____
(PRINT) Last First Middle Initial
Department _____ Title _____ Dept Phone # _____

New Key Lost Key (report attached) Returned _____
Date _____
 Key Transfer to: (PRINT) _____
(Former Employee) Name _____ UMID# _____ Date _____

Dept Head/Authorized Representative:
(PRINT) _____ (SIGN) _____ Date _____

(Must be signed by authorizer – PRE-STAMPS or Alterations Made to Form will NOT BE ACCEPTED)

Key Description (ex. 2GMA-11) _____ ROOM/AREA _____ BLDG _____

For OFFICE STAFF ONLY Key Serial # _____ Issued by _____ Date _____

RQ2080088 Rev. 5/08