UNT Health
FORT WORTH

Key/Access Authorization Request Form
Please send all key/access requests to
badgeaccess@unthealth.edu.

POLICE

Request type (please specify): Key ☐ Access ☐

Request date: _____ Employee ☐ Student ☐

Employee name: _____ Department: _____

Employee ID# _____ Email: _____ Ext. Number: _____

Keys requested/access **After-hours access (24/7 standard)**

1. Building: _____ Room(s) _____

2. Building: _____ Room(s) _____

3. Additional location(s) _____

Department master: YES ◯ NO ◯ Access card number: _____

Special keys* (keys off master system)

Location: _____

Other/additional location(s) _____

Reason for request: _____

_____ _____
Employee signature Department head signature

_____ _____
Printed name Printed name
  Phone ext: _____

*Keys/cards of the master system may not be issued to a person other than one employed by the controlling department except as provided by the current written controlled access policy.

Controlling department (please obtain signature before submitting)
(if different than requesting department):

Phone ext: _____

_____ _____
Printed name Signature

Request requiring vice president approval (please obtain signature before submitting)
Grand master keys, building master keys require approval of the vice president

Phone ext: _____

_____ _____
Printed name Signature

LOCKSMITH USE ONLY
Keys numbers:

Date completed: _____
Locksmith: _____

POLICE DEPARTMENT USE ONLY Date activated: _____ Activated by: _____

Keys picked up:

***ALL KEYS ARE THE PROPERTY OF UNT HEALTH AND MUST BE RETURNED TO
THE POLICE DEPARTMENT WHEN NO LONGER NEEDED***