

Holy Cross Hospital Key and Access (Badge) Control Authorization Form

»»» Requestor: Complete all highlighted areas «««
»»» **Send Completed Form to Security (Fax: 954-492-5750)** «««

Access (Badge) Control / Key Holder's Name: _____
(Print)

With my signature below, I request the described key be issued to me. I understand that this key is the property of Holy Cross Hospital and its loss will be reported immediately to Hospital Security. By accepting this key, I acknowledge my responsibility for all property and/or records secured by the lock operated by this key. I will not duplicate or transfer this key to any other person and will surrender it to Security when I no longer have a need for the key or my employment or contracting period at the Hospital ends. I agree to abide by Hospital policies and procedures.

Signature: _____
(ONLY REQUIRED FOR KEY, NOT BADGE)

Date: _____

Circle One: Employee Contractor Volunteer **Non-employee**

If a contractor or **non-employee**, I work for: _____

Request for (Circle One): Grand Master Key Master Key

Badge Access Control Department Pass Key Single Door Key

Reason for Request: _____

If Pass Key, what area: _____

If Access Control (Badge), what area(s): _____

Requesting Department: **Enter name of school here:** _____

Authorized By Department Head or Designee: Faculty: _____
(Print Name)

(Signature)

SECURITY DEPARTMENT USE ONLY

Key Number Issued: _____

Director Safety & Security/Designee Signature (for keys only): _____