

**Health Science Center
Key Only Form**

Please complete the information below:

1. Name: _____

2. Please check:

_____ Faculty

_____ UW-La Crosse

_____ Staff

_____ UW-Madison Nursing

_____ Student

_____ Western Technical College

_____ Gundersen Lutheran Research

_____ Student Health Clinic

_____ Microbiology Student

3. HSC Key Request - Please list all room numbers:

4. E-mail address and phone number:

Office Use Only:

1. Keys

Date Requested:

Acceptance of Key:

Name _____

Date _____

Lost or Stolen Keys:

Name _____

Date _____