



Office of Facility Services
Key Return Form

KEYHOLDER INFORMATION:

JOB TITLE/DEPARTMENT

LAST NAME

FIRST NAME

E-MAIL ADDRESS

DEPARTMENT

EMPLOYEE #

PHONE NUMBER

KEY INFORMATION:

BUILDING

KEY CODE

NOTES

BUILDING

KEY CODE

NOTES

BUILDING

KEY CODE

NOTES

BUILDING

KEY CODE

NOTES

BUILDING

KEY CODE

NOTES

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

PRINT NAME (KEY RETURNEE)

SIGNATURE

DATE

PRINT NAME (WITNESS)

SIGNATURE

DATE