

**Facilities & Campus Services
Key Return Form**



Department Information

Department Name Return Date

Key Holder's Information

Key Holder Name (Printed/Typed)
 Key Holder Phone Key Holder Email

Signature of Key Holder or Departmental Representative Relinquishing Keys

Key Holder/ Departmental Representative Signature: _____ Date: _____

*Please note: By using the digital signature feature in this form, both the reset and print buttons at the bottom of the page will no longer function. To print a copy, choose Print from the File menu.

(SIGNATURE OF FACILITIES & CAMPUS SERVICES REPRESENTATIVE ACKNOWLEDGING KEY RETURN)
I hereby acknowledge return of the key(s) below from the listed Key Holder.

F&CS Signature: _____ **Date:** _____

Key Information (All Green Fields are Required)

Building	Floor	Room #(s)	# of Keys	Key # (If known)	Key(s) Issued By (F&CS Initials)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		