RETURN KEY FORM

Submit form to email: chs.facilities@okstate.edu

Department: _____

Date: _____

Key #: _____ (located on key)	**Buidling (Please specify CHS or Tulsa)** _____	**Room Number(s)** _____

Read & sign that you acknowledge the following:

I hereby acknowledge the return of the key(s) listed above and certify that I no longer have possession, access, or copies. I understand that my authorization related to these key(s) has ended.

Current Key Holder: _____

Title: _____

Current Key Holder Signature: _____

Date: _____

REASONS FOR RETURN:

_____

_____

Department Head/Manager (Required): _____

Signature Depart. Head/Manager (Required): _____

Date: _____

Location of Key(s): _____

Phone Number: _____

Best Pick Up Date and Time: _____