TRANSFER KEY REQUEST 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 release of the key(s) listed above for transfer to the new authorized recipient. I certify that I do not retain any copies and that my responsibility and access associated with these key(s) have ended as of the transfer date.

Current Key Holder: _____ **Title:** _____

Current Key Holder Signature: _____ **Date:** _____

Read & sign that you acknowledge the following:

I hereby acknowledge receipt of the transferred key(s) listed above and assume full responsibility of these key(s) including its safekeeping, authorized use, and prompt reporting of any loss or damage.

New Key Holder: _____ **Title:** _____

New Key Holder Signature: _____ **Date:** _____

REASONS FOR TRANSFER:

_____

_____

Department Head/Manager (Required): _____

Signature Depart. Head/Manager (Required): _____ **Date:** _____