

KEY TRANSFER / RETURN FORM

FORM TO BE RETURNED TO FACILITIES MANAGEMENT FOR PROCESSING

☐ TRANSFER ☐ RETURN

Departmental Authorization Signature: Date:

Ext. No.:

KEYS RETURNED BY -

Signature: _____

Name: (Please print) _____

Date: _____

Department: _____

KEY #	ISSUE #	ROOM #

KEYS TRANSFERRED TO -

Signature: _____

Name: (Please print) _____

Date: _____

Department: _____

KEY #	ISSUE #	ROOM #

E-mail to: Keys.And.Swipe@BrockU.ca