

KEY TRANSFER FORM

FUND: _____ ORG: _____ PROGRAM: _____

Key Types:

OK-(Common) Operating: Key operates a specific room

SMK- (Sub Master: Operates all locks with in a particular area, suite or department

KEY(S) BEING TRANSFERRED

Key Type	Building/Area	Suite/Office	Serial #

Previous Key Holder Name: _____

Previous Key Holder EID# _____ Date: _____

Key Returned to Department

Present Key Holder Name: _____

Present Key Holder EID#: _____ Date: _____

Authorizing Authority Name: _____ Title: _____

Print

Authorizing Authority Signature: _____ Date: _____

PLEASE SIGN BELOW WHEN RECEIVING KEYS(S).

By signing this form you are agreeing to the responsibilities associated with possession of a key(s) and to comply with Eastern Michigan University key policy and procedures. (www.physicalplant.edu) These responsibilities include reimbursing the University \$25.00 per assigned key(s) that are lost or not returned to the University upon termination of employment/end of term or class attendance.

KEY HOLDER SIGNATURE: _____ DATE: _____