**KEY TRANSFER FORM**

Facilities Management – Phone 831-7800 – Fax 831-7783 – facilities@radford.edu

|  |  |
| --- | --- |
| Submitted by:  | Date:  |
| Phone No.  | Department:  |

Employee keys are being transferred **from**:

|  |  |
| --- | --- |
| Name:  | RUID#: |
| Title: | FT/PT/ADJ: |
| **Key#** | **Qty:** | **Door#** | **Key#** | **Qty:** | **Door#** |
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Employee keys are being transferred **to**:

|  |  |
| --- | --- |
| Name:  | RUID#: |
| Title: | FT/PT/ADJ: |
| **Key#** | **Qty:** | **Door#** | **Key#** | **Qty:** | **Door#** |
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Additional Information

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|  Date: |

Keys rec’d by (***Signature***):

**APPROVALS**

Dean/Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairman/Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maintenance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_