**KEY TRANSFER FORM**

Facilities Management ∙ Phone 831-7800 ∙ facilities@radford.edu

Submitted By       Date

Phone No.       Department

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| --- |
| Employee keys are being transferred **from**: |
| Name: |   | RU ID #: |   |
| Title: |   | FT/PT/ADJ: |   |
| **Key #** | **Qty**  |   | **Key #** | **Qty**  |   | **Key #** | **Qty**  |
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| Employee keys are being transferred **to**: |
| Name: |   | RU ID #: |   |
| Title: |   | FT/PT/ADJ: |   |
| **Key #** | **Qty**  |   | **Key #** | **Qty**  |   | **Key #** | **Qty**  |
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Additional Information

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Transfer Rec’d by: Date:

*Signature*

APPROVALS

Dean / Director Chairman / Supervisor

Vice President Maintenance