

**KEY TRANSFER FORM**

Department Name		Dept. Code	Key Manager		Phone #	Date	Reference #	
Key Holder's CSU I.D. #	Key Holder's Name Last, First	EM= EMPLOYEE ST= STUDENT CN= CONT'R OT= OTHER	Lock I.D.	Bldg. #	Bldg. Name	Room #	Security # on key	Expiration Date
<b>RETURNED FROM:</b>								
Authorizing Signature:			Date:	Keys Picked up by:(Print Name)				Date: