# KEY TRANSFER FORM

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Dept. Code</th>
<th>Key Manager</th>
<th>Phone #</th>
<th>Date</th>
<th>Reference #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Key Holder's CSU I.D. #</th>
<th>Key Holder's Name</th>
<th>EM= Employee</th>
<th>ST= Student</th>
<th>CN= Contractor</th>
<th>OT= Other</th>
<th>Lock I.D.</th>
<th>Bldg. #</th>
<th>Bldg. Name</th>
<th>Room #</th>
<th>Security # on key</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

**RETURNED FROM:**

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| | | | | | |

**TRANSFERRED TO:**

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| | | | | | |

Authorizing Signature: ____________________________ Date: ____________

Keys Picked up by: (Print Name) ____________________________ Date: ____________

Revised 2/11/00