

**BSU FACILITIES OPERATIONS & MAINTENANCE (FO&M)**

Ext: 6-1409

Mail Stop: 1270

Fax No: 6-1892

**KEY TRANSFER FORM**

DATE: \_\_\_\_\_

TO: Key Control Desk, FO&M

FROM: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ EXT: \_\_\_\_\_

**PLEASE TRANSFER THE FOLLOWING KEY(S) FROM:**

\_\_\_\_\_  
(Name) (Department) (Extension)

**TO:**

\_\_\_\_\_  
(Name) (Department) (Extension)

\_\_\_\_\_  
(Position) (Employee/Std ID)

**KEY NUMBER(S) TO BE TRANSFERRED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for the key transfer(s): \_\_\_\_\_ Leaving department \_\_\_\_\_ Duties changing

Other (explain) \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_  
(Department Head, Building Manager)

I, the undersigned, acknowledge receipt of the above key(s). I understand these keys are my responsibility and I will return these keys to the Facilities Operations and Maintenance Department upon my termination, transfer, or sabbatical leave. **DO NOT LOAN KEYS.**

New Key Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

TRANSACTION COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_