

Key Return Form

Regis ID# Dept Current Faculty Sponsor/Director Sponsor Phone # *this box required, typed or printed in full*		☐ Northwest Denver Campus ☐ Thornton Campus ☐ Check if Turning in Hard Key(s) ☐ Check if Turning in ID
Indicate which building a	and room hard key(s) are bei	ng returned in the section below.
Building	Room/Office	Key # and Issue Code
Please		Returnedealed envelope with this form attached.
Comments		
Received by Manager or HR (Printed Name)		Budget number for keying/access services. In the event of lost or stolen key(s), a minimum of \$50.00 lock charge will be assessed.
Received by (Signature) Date		Broken damaged keys must be returned to the Physical Plant at the time of replacement.
Received by Physical P	lant (Print Name and Signatu	ure) Da