

# Key /Card Return Form



Name:	WSU ID Number:
Department:	Office Location:
Contact information:	Fac/Staff <input type="checkbox"/> Grad <input type="checkbox"/> Adjunct <input type="checkbox"/> Volunteer <input type="checkbox"/>
Last day of employment:	

Complete all information below for each key to be returned or card access needing to be removed. All keys need to be returned to the Facilities Operations Building by either the person the key was assigned to or by a departmental representative.

Building	Room	Key #	Card Access	Date Returned
<b>Total # of Keys:</b>				

\_\_\_\_\_  
Signature of person returning keys to Facilities Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person receiving keys at Facilities Services

\_\_\_\_\_  
Date