

LURLEEN B. WALLACE COMMUNITY COLLEGE

KEY CHECK-OUT

This section to be completed by person receiving key.

Name (Print) _____

_____ Date

Organization / Activity _____

Full-time Employee or Adjunct _____

Phone (During Business Hours) _____

I received Key(s) to:

_____ Bldg/Room

_____ Key Code

_____ Key #

_____ Date Returned

_____ Bldg/Room

_____ Key Code

_____ Key #

_____ Date Returned

_____ Bldg/Room

_____ Key Code

_____ Key #

_____ Date Returned

_____ Bldg/Room

_____ Key Code

_____ Key #

_____ Date Returned

_____ Bldg/Room

_____ Key Code

_____ Key #

_____ Date Returned

_____ Bldg/Room

_____ Key Code

_____ Key #

_____ Date Returned

Key(s) to be returned: _____

_____ Date

Signature of Person Receiving Key(s)

Approved By

Date

PLEASE NOTE: Failure to return or loss of key will result in a \$5.00 key-replacement fee.