



KEY RETURN FORM

Return # Initials (Lock shop use only) _____

Received From:

Date: ___/___/___

Name: _____
Last First M.I.

SCC EMPL ID#: _____ Complete Dept. Phone#: _____

Mail Stop: _____ Dept.: _____ Email: _____

Check One: ___ Faculty ___ Staff ___ Student ___ Other (Tenant) ___ Contractor

Card #: _____ Card Access Authorization Expires: _____

<u>Bldg./Rm #:</u>	<u>Description:</u>	<u>Key I.D. Code #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Received By:

_____	_____	_____/_____/_____
Signature (Security)	Print	Date

_____	_____	_____/_____/_____
Signature (Lock Shop)	Print	Date

Comments: *(Please note anything attached to the key indicating showing an affiliation with Seattle Colleges, such as a lanyard or id card)*

Instructions: Please return form and keys to the Safety and Security Department (2BE1108 / security.central@seattlecolleges.edu / 206-934-5442).