

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

KEY RETURN FORM

NAME (Print)

PERSONNEL NUMBER

SIGNATURE

DATE

KEY CORE MARK	SUB #

KEY CONTROL USE ONLY

Received by _____

Date _____

Oracle Return Date _____

Comments: _____

Locksmith Office (Physical Plant room 224 Hours: Mon. - Fri., 8-11:30 a.m. and 1:00 - 4:30 pm). **COMPLETED FORM WILL NEED TO BE ATTACHED TO AN ARCHIBUS WORK ORDER REQUEST.**