

**BRANDEIS UNIVERSITY OFFICE OF FACILITIES SERVICES**  
**KEY RETURN FORM**

**Please note:**

Every key issued must be returned to Facilities Services and NOT copied or transferred to other employees. Lost or stolen keys must be reported immediately to Public Safety (781-736-5000) in addition to filling out the Lost Key Form. Charges will not be applied to members requesting keys when past employees have returned keys properly. Employees or their Supervisors should be the only ones returning key (unless a key is found or by exception).

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**PART I KEY RETURN**

Are you returning your own keys (Yes or No) ☐

Are you returning an employee's keys (Yes or No) ☐

Did you find this key (Yes or No) ☐

If yes, please describe when and where you found the key & go to Part V \_\_\_\_\_

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**PART II KEYS BEING RETURNED** - Please list every key that is being returned.

If Keys are on a key ring, each key does not need to be listed.

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Building #	Door #	Key #	Key Ring #

2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Building #	Door #	Key #

3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Building #	Door #	Key #

4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Building #	Door #	Key #

5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Building #	Door #	Key #

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**PART III KEY USER/OWNER.**

**Employee**  
(One whose keys these were)

**Job Title**

Are you or is employee leaving Brandeis? (Yes or No) ☐

If you/they are not leaving Brandeis please explain why you are returning this key. \_\_\_\_\_

If you/they are leaving; provide name of person replacing them (if known) \_\_\_\_\_

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**PART IV - SUPERVISOR** – Please fill out the info below about the Supervisor of the Employee the keys belonged to.

**Supervisors**  
Name:

**Job Title**

**Department**

**Extension**

**Email**

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**PART V – SIGNATURES** – Signature acknowledges I am returning the key listed above.

Returned by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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Returned to: \_\_\_\_\_  
Print Name of Facilities Services Member Receiving Key

\_\_\_\_\_  
Date

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**AFTER COMPLETING THE FORM, BRING KEYS AND FORM TO FACILITIES SERVICES**