



Key Transfer Form

Department of Access Control & Security Systems

Plant Services, Room 243

Ph. (216) 687-5386 Fax (216) 802-3383

Fill out the below form and return to Access Control & Security Systems. Please make sure that all data is correct before sending in the form, failure to do so may delay the transfer process. All Key Transfer Forms must have all 3 requested signatures or AC&SS will not process the request. The form can be sent to AC&SS by fax, e-mail, or interoffice mail.

Transfer From: _____
First Last Middle

_____ E-mail Phone
CSU ID

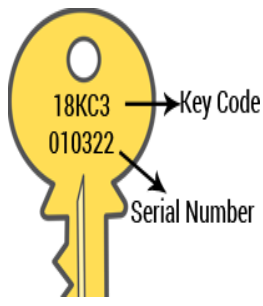
Transfer To: _____
First Last Middle

_____ E-mail Phone
CSU ID

_____ Title
Department

Student Faculty Staff Contractor Temp/Volunteer

| | Key Code | Key Serial Number | Office Use |
|---|--------------------------------|-----------------------------------|------------|
| 1 | <i>Key Code Example: 18KC3</i> | <i>Key Serial Example: 010322</i> | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |



Transferor Signature Date

Recipient Signature Date

Department Chair Signature Date