



Facilities Use Only

Keymark: _____

Serial #: _____

Date Issued: ___ / ___ / ___

TRANSFER OF KEY OWNERSHIP FORM

Current Keyholder Info

Check appropriate box: Employee Student Employee

Last Name: _____ First Name: _____

Department: _____

New Keyholder Info

Check appropriate box: Employee Student Employee

Last Name: _____ First Name: _____

Department: _____ Cost Center: _____

Email: _____ Phone: _____

Key Information

Key Stamp Number: _____ Building Name: _____ Room #: _____

Key Holder Release Agreement:

I acknowledge receipt of the key(s) listed above. All keys issued by the University of Richmond remain University property and must be used only for authorized purposes.

I am responsible for the proper use and safeguarding of these key(s) and agree not to loan, transfer, or duplicate them.

I understand that all key(s) must be returned to my department head upon separation, transfer, or upon request, and will be returned to the University Lock Shop.

I understand that lost, unreturned, or misused key(s) may result in disciplinary action and/or financial responsibility, including the cost of rekeying or replacing locks.

Print Name: _____ Date: _____

Signature: _____