THE UNIVERSITY OF TENNESSEE, KNOXVILLE
LOCK & KEY SERVICES

KEY RETURN FORM

Please Type or Print

DATE: _____

RETURNED APPLIES TO:

☐ Faculty ☐ Standard Key

UT ID NUMBER: _____

☐ Staff ☐ Master

☐ Student ☐ Submaster

NAME: _____

CAMPUS PHONE: _____

EMAIL: _____

TITLE/POSITION/CLASSIFICATION: _____

Attach returned keys here.