Key Transfer Form

Department of Access Control & Security Systems
Plant Services, Room 243
Phone: (216) 687-5386 E-mail: access.security@csuohio.edu

Complete this form and submit it to Access Control & Security Systems. Ensure the accuracy of all data; failure to do so will delay the transfer process. **Key Transfer Forms must have all three required signatures or AC&SS will not process the request**. The completed form can be submitted to AC&SS via e-mail or interoffice mail.

Transfer From: _____ _____ _____
First Last Middle

_____ _____ _____
CSU ID E-mail Phone

Transfer To: _____ _____ _____
First Last Middle

_____ _____ _____
CSU ID E-mail Phone

_____
Department

◯ Faculty ◉ Staff ◯ Student ◯ Temp

	Key Mark	Serial Number
Ex	18KC3	010322 **or** 2
1		
2		
3		
4		
5		

Note: Some keys have a six-digit serial number below the keymark (left).

Others have a serial number in the top-right corner (right).

_____ _____
Transferor Signature Date

_____ _____
Recipient Signature Date

_____ _____
Department Chair Signature Date