THE UNIVERSITY OF TENNESSEE SOUTHERN

KEY RETURN FORM

Please Type or Print

DATE: _____

RETURNED APPLIES TO:

☐ Faculty   ☐ Standard Key

PERSONNEL NUMBER: _____

☐ Staff   ☐ Master

☐ Student   ☐ Submaster

KEY CODES:_____

_____

NAME: _____

EMAIL: _____

PHONE: _____

TITLE/POSITION/CLASSIFICATION: _____

Attach returned keys here.