

Archibus Number \_\_\_\_\_

The University of Tennessee Health Science Center  
Key Return Form  
(Please type or print)

**\*COMPLETED FORM MUST BE ATTACHED TO AN ARCHIBUS WORK ORDER REQUEST\***

UT Employee       UTMG Employee       Other \_\_\_\_\_ (i.e. MED, VA)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Personnel Number

\_\_\_\_\_  
UTHSC E-Mail

\_\_\_\_\_  
Building & Room Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
UTHSC Phone Number

| Department | Building | Room | Core Mark | Sub Number |
|------------|----------|------|-----------|------------|
|            |          |      |           |            |
|            |          |      |           |            |
|            |          |      |           |            |
|            |          |      |           |            |
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|            |          |      |           |            |
|            |          |      |           |            |
|            |          |      |           |            |
|            |          |      |           |            |
|            |          |      |           |            |

**NOTE: Key(s) must be returned to the Business Office (Facilities/Physical Plant, Suite 223) Monday-Friday, between the hours of 8:00am – 11:30am or 1:00pm – 4:30pm, prior to or upon termination in order for the Exit Clearance to be completed.**

By signature, I acknowledge that I have read the Key Control Policy and that I am returning the above key(s):

\_\_\_\_\_  
(Signature)

**KEY CONTROL USE ONLY**

Received By \_\_\_\_\_ Date Received \_\_\_\_\_

Original Archibus Number(s) \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_