



KEY RETURN RECEIPT

Last Name _____ First Name _____ Date _____

Department _____ Phone No. _____ No. of Keys Returned _____

Reason for returning key(s) _____

Returned Key(s) - Please list by key numbers (i.e., AA1, AB14, ENG, etc.)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Do you have any other GHC key(s)? Yes___ No___

Keys Received By _____
Print Name Department Date

Please return completed form and key(s) to Campus Operations (Room 7206) or Safety and Security Office (Room 2325).

07/08/13



GRAYS HARBOR
COLLEGE

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