

Key Transfer Instructions

Notice: All keys issued are to be returned directly to the Key Control Office to ensure campus safety. The transfer of keys between employees should be reported to our office, with a Key Transfer Form. The copying of university keys is prohibited per Virginia Law Code 18.2-503 and University Policy 48.

1. **Key Holder Information:** The first portion of the form is the key holders' information. This information must be filled out accurately in order to match our records.
 - a. **Previous Key Holder:** This section applies to the key holder that received the key from the key control office. The transferred key must be listed under the previous key holders' account in the Key Control Database. If that is not the case, this key transfer request will be voided. The key must be returned to our office and a key request must be submitted for reassignment of the key.
 - b. **New Key Holder:** This section applies to the individual that the key will be transferred to.
2. **Reason for Key Transfer:** A reason for this key transfer must be provided. If the reason listed as an option, please select "Other" and specify.
3. **Key Information:** The second table on the form is essential for our records and must be completely and accurately filled. The first two columns referring to Key Numbers and Key IDs are to be found on the physical key itself. Please see the picture below for further identification.
 - a. **Key Number:** The Key Number refers to the chain of numbers and letters listed on the key.
 - b. **Key Serial ID:** The Key Serial ID refers to the single letter near the key cuts.
 - c. **Initials:** The new key holder must sign that they have received the key from the previous key holder. By signing upon receipt of the key, the new key holder assumes responsibility for the key.



4. **Signature:** The signature of the previous key holder, new key holder, and the department authoring agent or their delegate must be present for the key transfer to be processed.
 - a. **Authorizing Agent or Delegate:** The authorizing agent and/or delegate must have a signature card submitted to the key control office (to be found on the GMU Police Department under the Forms tab). If unsure who the authorizing agent for this department is, please click here to the [Authorizing Agent list](#).

****For administrative and academic buildings, email requests to keys@gmu.edu. For housing and residents life buildings, email hrlllock@gmu.edu.**



Arlington: (703) 993-8207
 Fairfax: (703) 993-2823
 Sci & Tech: (703) 993-8369
 MSN 2A8 / keys@gmu.edu / hrlock@gmu.edu **

Public Safety Division, Key Control Office
 Department of Police and Public Safety, GMU

Key Transfer

Previous Key Holder		New Key Holder	
Last Name		Last Name	
First Name		First Name	
Position Title		Position Title	
G#		G#	
Phone #		Phone #	
Department		Department	
Supervisor		Supervisor	
Dean and/or Department Head		Dean and/or Department Head	
Org #		Org #	

Reason for Key Transfer:

- New Staff Member
 New Space Assignment
 New Responsibilities
 Replace Defective Key
 Replace Lost Key
 Other: _____

Key Number(s) Transferred (to be found on key(s)) *MUST be filled out	Key Serial ID(s) Transferred (to be found on key(s)) *MUST be filled out	New Key holder's Initial upon receipt
*Attach additional paper if more space is needed.		

I, _____ (Print Name of Previous Key Holder), understand that I am no longer the designated key holder for the keys listed. I agree to transfer the key(s) to _____ (Print Name of New Key Holder).

 Signature of Previous Key Holder

 Date

I, _____ (Print Name of New Key Holder), understand that I am being entrusted with university key(s). I understand that I am held responsible for the key(s) issued to me. I agree to not transfer any key(s) issued to me to any other employee, faculty member, staff member, student, or personnel. I agree that upon my separation from my position, I will return the key(s) issued to me directly to the Key Control Office.

 Signature of New Key Holder

 Date

I, _____ (Print Name), the Authorizing Agent (click to see the [Authorizing Agent list](#)), approve of the stated transfer of the listed key(s) above. I understand that I am responsible for all the keys issued to and disseminated within my department. The proper management and distribution of internal keys will ensure the safety and security of the university. I understand that I am subject to key inventory audits and must comply with annual audits. I understand that fees may apply for any unreturned, lost, or stolen keys issued to my department.

 Signature of Authorizing Agent or Delegate

 Date

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