


EASTERN ILLINOIS UNIVERSITY
Physical Plant
KEY RETURN RECEIPT



Key holder Name (PRINT)




SSN



Department



Number

KEY MARK	KEYWAY	KEY MARK	KEYWAY
	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Received By: _____ Date: _____

ORIGINAL: Keyholder **COPY: Physical Plant**