



# UNIVERSITY OF ST. THOMAS

## LOST KEY(S) FORM

Date Reported:	Time Reported
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### PERSONAL INFORMATION

Last Name:	First Name:	MI.
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UST ID Number:	Telephone Number
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Affiliation: <input type="checkbox"/> FACULTY/STAFF <input type="checkbox"/> STUDENT	Name of Person Making Report (if different than key holder):
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### REPORTING A LOST KEY

On \_\_\_\_\_ at/between \_\_\_\_\_ the above-listed  
Date Times  
person lost \_\_\_\_\_ key(s) belonging to University of St. Thomas at  
# of Keys  
\_\_\_\_\_ Location

Key type (Check all that apply):  
 BUILDING  FRON DOOR KEY  FLOOR/AREA  INDIVIDUAL ROOM/OFFICE

Describe the circumstances of how the key became lost:

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Signature of Reporting Party:	Date:
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Signature of Person Taking Report:	Print Name and Call Number:	Date:
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### USTPD USE ONLY

Key Code	Key Number	Key Cost
Total Cost		