

Texas Tech University Health Sciences Center El Paso
200 N. Concepcion
El Paso, TX 79905

DATE: _____

Receipt for the Return of Keys

Key holder: _____ ID# _____

Email: _____

This is to certify that the TTUHSCEP Lock Shop has received the following keys from the individual identified above.

Returned Date/Time	Key#	Serial/Bldg	Room	Dept.	Quantity	Deposit Returned

Total Deposit Returned: _____

Returned to: _____

Signature

Title

Date