



# LANEY COLLEGE KEY RETURN FORM

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ROOM #:

KEY #:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_