

The University of Tennessee, Knoxville
LOCK & KEY SERVICES

KS-8
Revised 3/93

LOST KEY REPORT

Date: _____

UT ID Number: _____

Name: _____

Department: _____

(Person to whom lost key was assigned)

THE FOLLOWING KEY(S) HAS (HAVE) BEEN LOST:

| <u>BUILDING</u> | <u>ROOM</u> | <u>DEPARTMENT</u> |
|-----------------|-------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DATE, TIME, AND PLACE LOSS WAS DISCOVERED: _____

DATE, TIME, AND PLACE LOST KEY WAS LAST SEEN: _____

CIRCUMSTANCES: _____

Signature

DEPARTMENT HEAD USE ONLY

DO YOU BELIEVE THAT SECURITY HAS BEEN COMPROMISED? _____

WOULD LOSS OF THE KEY(S) JEOPARDIZE THE SECURITY OF ANY INFORMATION OR MATERIAL

CLASSIFIED BY THE DEPARTMENT OF DEFENSE? _____

DOES THIS LOSS NECESSITATE THE CHANGE OF ANY LOCK(S)? _____

IF SO, WHICH LOCK(S)? _____

Department Head Signature