Chapter House Key Audit

Chapter: _____ Date of Audit: _____

Room No.	Core No.	Original Number of Keys Cut	**Keys in resident possession**	**+**	**Keys in Lockbox**	**=**	**Total Keys Accounted for**	Does the core need to be changed?	Additional Keys Needed

Additional Comments:

_____

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_____
House Director

Please submit this complete form to the Office of Fraternity and Sorority Life when audit is complete