

KEY REQUEST ♦ BUILDING ACCESS ♦ KEY RETURN AND REQUEST FOR REFUND OF DEPOSIT FORM

Please return this form to Room 1020 SEO

KEY REQUEST		Room Number(s):			
BUILDING ACCESS		SEO,	SEL, or	ERF, _	Floor
KEY RETURN		Room Number(s):			
REQUEST FOR REFUND		NO	YES, please inc	dicate room ‡	‡ above
Name last			first		
Email Address					
i-card number (it is the blue numbers appear on your i-card)					
User Status Faculty		/ Staff _	Graduate St	udent	Undergraduate
Home Department			Social Security N	umber	
You are responsible for the key(s) listed above. If key(s) are lost, you will be required to pay for all replacements and lock changes. You will be notified by e-mail when your keys arrive. Please allow at least two weeks for delivery. You will be charged a \$50.00 deposit per key. Upon returning the key(s) you will be refunded the deposit. Please allow at least three weeks for delivery. Faculty authorization is required for key requests and building access. Please have the professor sign below before turning in this form. Student's Signature Date					
Professor's Name		Professor's signature Date		ate	
	F	FOR ADMINISTRAT	TIVE USE ONLY		
Date Key(s) Returned			Key Number(s)		
Authorized Signatu	ıre			Date	
				EE	CS form rev. 2/99
		Please keep this porti	on for your records:		
Date key requested/returned:			Name of person who issued the form to you		
Signature of person	n to whom you	gave this form	Χ		