

Chemistry Lab Key Request Form

Name of Student: _____

What room(s) does the student need access to? _____

Purpose of Issuing Key(s) (circle): Research Lab Preps Other: _____

Research project/class : _____

Hours that the student is allowed to access these areas
(ie 7:30-5 M-F, holidays, weekends?): _____

When will student need the key(s)? _____
(issued) (returned)

Signature of Instructor: _____

Key #: _____ Access Room: _____ Key #: _____ Access Room: _____

The above assigned keys are to be used to access only the rooms indicated during the times indicated. I understand that improper use (letting unauthorized individuals in the lab, accessing unauthorized areas, performing unauthorized experiments, etc.) of keys issued by the Chemistry Department will result in removal of these privileges and other possible actions. Failure to return keys will result in fines and holds on your student records. By signing below, I agree to follow these policies and acknowledge receipt of the key(s) listed above. I also understand and agree to abide by the Chemistry Department Safety Rules at all times in the laboratory.

Signature of Student: _____ Date: _____

Student's permanent contact information:

Address: _____ Phone: _____

City & Zip: _____ Cell: _____

UMID: _____