

KEY REQUEST AND BUILDING ACCESS

Date _____

Last Name _____ First Name _____

Email _____ UIN # _____

Choose Faculty Type

a) Key(s) requested: indicate room number(s)*

Room No. _____ Key No. _____ Faculty in Charge: _____

Room No. _____ Key No. _____ Faculty in Charge: _____

Room No. _____ Key No. _____ Faculty in Charge: _____

***If you do not return your keys by the due date, a hold will be placed on your account indefinitely until all keys have been returned. Account hold will prevent any future registration and may prevent transcript purchase requests.**

You are responsible for the keys listed above. If keys are lost, you will be required to pay for all replacement keys and lock changes.

b) Building Access: please check one

SEO expiration date _____

ERF expiration date _____

SEL expiration date _____

Signature

Date

Faculty Authorization

Date