ELECTRICAL AND COMPUTER ENGINEERING DEPARTMENT

K E Y   R E Q U E S T

Name _____ uNID _____

Home/cell phone _____ Date _____

Umail address _____

Faculty ☐   Staff ☐   Student ☐   Post Doc ☐

Key is needed for room number(s) _____

Signature of faculty or staff approving key request _____

- **I will not lend this key(s).**
- **I will return this key(s) when my need or employment terminates.**
- **I understand violations of any of the above may lead to my suspension or termination from the University.**

Signature of person requesting key _____

*Note: Students are required to pay a **cash** deposit of $20 per key to be paid when a key request is submitted. Payment is collected at the ECE Office.*