

Key Request

Name	UNID
Home/Cell Phone	Date
UMail Address	
I am a: Faculty Staff Student	☐ Post Doc
Key is needed for room number(s)	
Signature of faculty or staff approving key requ	uest
By completing a key request, I agree that:	
 I will not lend out any key(s) I will return my key(s) when my need or I understand violations of any of the about the university. 	r employment terminates ove may lead to my suspension or termination from the
Signature of person requesting key	

Note: Students are required to pay a <u>cash</u> deposit of \$20 per key when a key request is submitted.

Payment is collected at the ECE Main Office (MEB 2110)