

**UMCP KEY & GENERAL ACCESS  
REQUEST FORM**

**\* Required Information**

Chemical & Biomolecular Engineering	<input type="checkbox"/>	Materials Science & Engineering	<input type="checkbox"/>
University Employee	<input type="checkbox"/>	Non - University Employee	<input type="checkbox"/>

(Check Appropriate Boxes)

Status:	Faculty (Tenured / Non-Ten)	<input type="checkbox"/>	Undergraduate	<input type="checkbox"/>
	Graduate Student	<input type="checkbox"/>	Affiliate Appt / Adjunct Appt.	<input type="checkbox"/>

* NAME:	_____	* UID #:	_____
HOME ADDRESS:	_____ _____ _____	OFFICE/LAB Address:	Room/Lab # _____ Bldg #: _____ Phone #: _____

<b>KEY REQUEST(S):</b>	Room # _____	Bldg # _____	KEY # _____
	Room # _____	Bldg # _____	Core # _____
	Room # _____	Bldg # _____	Core # _____
	Room # _____	Bldg # _____	Core # _____

<b>ELECTRONIC DOOR ACCESS(S):</b>	<i>(Thru Fall or Spring Semester/Summer Period)</i>		
Exterior Door	<input type="checkbox"/>	Bldg # _____	Period Needed: _____
Exterior Door	<input type="checkbox"/>	Bldg # _____	Period Needed: _____
* Computer Lab	<input type="checkbox"/>	Bldg # / Rm # _____	Period Needed: _____
* REQUIRED FOR NOTIFICATION:	<input type="checkbox"/> <b>E-MAIL</b>		* Phone #: _____

**AGREEMENT**

I agree to take full responsibility of the key(s) listed above during the time they are in my possession. I also agree to return all keys(s) to the Business Office room 2144, when my appointment ends with MSE or ChBE. For students a \$25 refundable deposit is required to obtain the key.

\_\_\_\_\_  
(Key Applicant Signature) \_\_\_\_\_  
Date

<b>APPROVAL(S):</b>
TOTAL NO. OF KEYS APPROVED: _____
FACULTY APPROVAL: _____ (Print Name) <span style="float: right;">_____ (Signature)</span>
DEPARTMENT APPROVAL: _____ (Chair / Director of Administrative Services)