

REQUEST FOR ADDITIONAL KEYS OR COST CENTER CHANGE

Complete all items that have changed since your last key or I.D. card application.

Last Name	First Name
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Research Director/Supervisor

Projected Date of Departure

E-Mail Address

IF AN I.D. CARD IS BEING REQUESTED, THE P.I. OR SUPERVISOR MUST CHECK A BOX AND INITIAL TO AUTHORIZE.

Cost Center # _____
initials (FOR CHARGING PRIVILEGES)

Off-Hours Library Access
initials (MUST BE CO-SIGNED BELOW BY LIBRARIAN)

Uncoded I.D.
initials

Chemistry/Chemical Engineering/College/Other (specify one)

Status (faculty, lecturer, graduate student, post doc., staff, visiting scholar, visiting researcher, undergraduate)

Classification (staff members only; AAI, Lab Mechanician, etc.)

ASSIGNED LAB: _____	LAB PHONE: _____
ASSIGNED OFFICE: _____	OFFICE PHONE: _____

LOCAL ADDRESS: _____	PHONE: _____
In case of emergency, notify: _____	Phone: _____

AUTHORIZING SIGNATURE: _____

IF ADDITIONAL KEYS ARE TO BE ISSUED, INDICATE ROOM/BUILDING BELOW. **DATE:** _____

<p>ADDITIONAL KEYS</p> <p>TO BE COMPLETED AND INITIALED BY RESEARCH DIRECTOR OR SUPERVISOR</p>	<p style="text-align: center;">ROOM/BUILDING</p> <p>_____ <small>initials</small></p> <p>_____ <small>initials</small></p> <p>_____ <small>initials</small></p> <p>_____ <small>initials</small></p> <p>_____ <small>initials</small></p>
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