

PRELIMINARY KEY REQUEST FORM

Last Name:	Full Legal First Name and Middle Initial:	
CSU ID Number:	Email:	
Your Office Room Number:	Your Office Phone Number:	
Room Number of Metal Keys You Are Requesting:		
Key Card Clearance You Are Requesting:		
<input type="checkbox"/> Chemistry CIF B115 XRD* <input type="checkbox"/> Chemistry CIF B2 600 NMR* <input type="checkbox"/> Chemistry CIF Basement Main Lab* <input type="checkbox"/> Chemistry CIF C3A Magnetic Properties Lab* <input type="checkbox"/> Chemistry CIF C3E 500 NMR* <input type="checkbox"/> Chemistry CIF C4 XPS/XRD Lab* <input type="checkbox"/> Chemistry CIF Yates 101 Imaging* <input type="checkbox"/> Chemistry Graduate Student <input type="checkbox"/> Chemistry Main Lobby Entry <input type="checkbox"/> Chemistry Postdoctoral Fellow <input type="checkbox"/> Other _____	<input type="checkbox"/> Chemistry RB 1 st Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 2 nd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 3 rd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 4 th Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 204N Radiation Room <input type="checkbox"/> Chemistry RB Building Entry <input type="checkbox"/> Chemistry RB CIF 109 Main Lab* <input type="checkbox"/> Chemistry RB CIF 204L SCD* <input type="checkbox"/> Other _____	<div style="border: 2px solid black; padding: 5px; display: inline-block;">CIF STAFF APPROVAL</div>
<p>*CIF Staff approval is required for ALL CIF clearances PRIOR to form submission.</p>		
CSU Affiliation:	FOR OFFICE USE ONLY	
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff	<input type="checkbox"/> Postdoc <input type="checkbox"/> Graduate Student (If non-Chemistry, Department _____) <input type="checkbox"/> Other _____	<div style="border: 2px solid black; padding: 10px; display: inline-block; width: 80px;">CLU</div>
<div style="background-color: yellow; padding: 2px; display: inline-block;">RETURN FORM TO CINDY UNGERMAN, ROOM B303</div>		
FINAL APPROVAL		

Date Signature AND Printed Name of Faculty Advisor, Supervisor, or Responsible Party

PRELIMINARY KEY REQUEST FORM

Last Name:	Full Legal First Name and Middle Initial:	
CSU ID Number:	Email:	
Your Office Room Number:	Your Office Phone Number:	
Room Number of Metal Keys You Are Requesting:		
Key Card Clearance You Are Requesting:		
<input type="checkbox"/> Chemistry CIF B115 XRD* <input type="checkbox"/> Chemistry CIF B2 600 NMR* <input type="checkbox"/> Chemistry CIF Basement Main Lab* <input type="checkbox"/> Chemistry CIF C3A Magnetic Properties Lab* <input type="checkbox"/> Chemistry CIF C3E 500 NMR* <input type="checkbox"/> Chemistry CIF C4 XPS/XRD Lab* <input type="checkbox"/> Chemistry CIF Yates 101 Imaging* <input type="checkbox"/> Chemistry Graduate Student <input type="checkbox"/> Chemistry Main Lobby Entry <input type="checkbox"/> Chemistry Postdoctoral Fellow <input type="checkbox"/> Other _____	<input type="checkbox"/> Chemistry RB 1 st Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 2 nd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 3 rd Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 4 th Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 204N Radiation Room <input type="checkbox"/> Chemistry RB Building Entry <input type="checkbox"/> Chemistry RB CIF 109 Main Lab* <input type="checkbox"/> Chemistry RB CIF 204L SCD* <input type="checkbox"/> Other _____	<div style="border: 2px solid black; padding: 5px; display: inline-block;">CIF STAFF APPROVAL</div>
<p>*CIF Staff approval is required for ALL CIF clearances PRIOR to form submission.</p>		
CSU Affiliation:	FOR OFFICE USE ONLY	
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff	<input type="checkbox"/> Postdoc <input type="checkbox"/> Graduate Student (If non-Chemistry, Department _____) <input type="checkbox"/> Other _____	<div style="border: 2px solid black; padding: 10px; display: inline-block; width: 80px;">CLU</div>
<div style="background-color: yellow; padding: 2px; display: inline-block;">RETURN FORM TO CINDY UNGERMAN, ROOM B303</div>		
FINAL APPROVAL		

Date Signature AND Printed Name of Faculty Advisor, Supervisor, or Responsible Party