PRELIMINARY KEY REQUEST FORM

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Full Legal First Name and Middle Initial:</th>
</tr>
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<tbody>
<tr>
<td>CSU ID Number:</td>
<td>Email:</td>
</tr>
<tr>
<td>Your Office Room Number:</td>
<td>Your Office Phone Number:</td>
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</tbody>
</table>

Room Number of Metal Keys You Are Requesting:

Key Card Clearance You Are Requesting:

- [ ] Chemistry CIF B115 XRD*
- [ ] Chemistry B2 600 NMR*
- [ ] Chemistry CIF Basement Main Lab*
- [ ] Chemistry CIF C3A Magnetic Properties Lab*
- [ ] Chemistry CIF C3E 500 NMR*
- [ ] Chemistry CIF C4 XPS/XRD Lab*
- [ ] Chemistry CIF Yates 101 Imaging*
- [ ] Chemistry Graduate Student
- [ ] Chemistry Main Lobby Entry
- [ ] Chemistry Postdoctoral Fellow
- [ ] Other ________________________________

*CIF Staff approval is required for ALL CIF clearances PRIOR to form submission.

CSU Affiliation:

- [ ] Faculty
- [ ] Postdoc
- [ ] Graduate Student (If non-Chemistry, Department_________________________)
- [ ] Other

RETURN FORM TO CINDY UNGERMAN, ROOM B303