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:

- ☐ Chemistry CIF B115 XRD*
- ☐ Chemistry CIF 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 _____

- ☐ Chemistry RB 1st Floor (includes RB Building Entry)
- ☐ Chemistry RB 2nd Floor (includes RB Building Entry)
- ☐ Chemistry RB 3rd Floor (includes RB Building Entry)
- ☐ Chemistry RB 4th Floor (includes RB Building Entry)
- ☐ Chemistry RB 204N Radiation Room
- ☐ Chemistry RB Building Entry
- ☐ Chemistry RB CIF 109 Main Lab*
- ☐ Chemistry RB CIF 204L SCD*
- ☐ Other _____

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

CIF STAFF APPROVAL

CSU Affiliation:

☐ Faculty ☐ Postdoc
☐ Staff ☐ Graduate Student (If non-Chemistry, Department_____)
☐ Other _____

RETURN FORM TO CINDY UNGERMAN, ROOM B303

FOR OFFICE USE ONLY

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FINAL APPROVAL

_____ _____

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

PRELIMINARY KEY REQUEST FORM

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CSU ID Number:	**Email:**
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CIF STAFF APPROVAL

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☐ Other _____

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FINAL APPROVAL

_____ _____

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