

UNDERGRADUATE PRELIMINARY KEY REQUEST FORM

Last Name:	Full Legal First Name and Middle Initial:
CSU ID Number:	Email:
Chemistry Office Room Number:	Chemistry Office Phone Number:
Room Number of <u>Metal</u> Keys Requested:	
Key Card Clearance(s) Requested:	
<input type="checkbox"/> Chemistry ARC B115 XRD ** <input type="checkbox"/> Chemistry ARC B2 600 NMR ** <input type="checkbox"/> Chemistry ARC Basement Main Lab ** <input type="checkbox"/> Chemistry ARC C3A Magnetic Properties Lab ** <input type="checkbox"/> Chemistry ARC C3E 500 NMR ** <input type="checkbox"/> Chemistry ARC C4 XPS/XRD Lab ** <input type="checkbox"/> Chemistry ARC-ISS Yates 101 ** <input type="checkbox"/> Chemistry UG (Yates 412 Computer Lab) <input type="checkbox"/> Chemistry UG RA (Main Lobby Entry) <input type="checkbox"/> Other _____	<input type="checkbox"/> Chemistry RB Building Entry <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 ARC 109 Main Lab* <input type="checkbox"/> Other _____
** ARC STAFF APPROVAL IS REQUIRED FOR ALL ARC KEY CARD CLEARANCES PRIOR TO FORM SUBMISSION.	
<input type="checkbox"/> Yes Chemistry Major	ARC STAFF APPROVAL
<input type="checkbox"/> No Non-Chemistry Major: _____	KEY MANAGER APPROVAL CLU

Date _____

Signature AND Printed Name of Faculty Advisor or Supervisor _____

IMPORTANT: Agreement for Undergraduate Access to the Chemistry Building

Undergraduate access to the Chemistry Building will **only be granted** to undergraduate students agreeing to the following policies:

1. The undergraduate student **MUST** have sufficient, previous research experience to pose no danger to others in the laboratory.
2. Undergraduate students are **NEVER** allowed to work in the laboratory alone. Someone else must **ALWAYS** be present in the laboratory, within sight and hearing, should an accident occur.
3. Should an undergraduate student gain access to the building after hours, and find that the laboratory that they plan to work in is unoccupied, the student **MUST** leave the building **IMMEDIATELY**.
4. The undergraduate student will **NOT** allow building access to any other individual.

I understand and I agree to abide by these policies at ALL times.

Date _____ **Student Signature** _____

I accept full responsibility to ensure these policies are strictly enforced in the building and in my laboratories.

Date _____ **Faculty Signature** _____

EMAIL FORM TO: cindy.ungerman@colostate.edu