

PRELIMINARY KEY REQUEST FORM

Last Name:	Full Legal First Name and Middle Initial:
CSU ID Number:	Email:
Office Room Number:	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 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"/> Chemistry RB ARC 204L SCD* <input type="checkbox"/> Other _____
** ARC STAFF APPROVAL IS REQUIRED FOR ALL ARC KEY CARD CLEARANCES PRIOR TO FORM SUBMISSION.	ARC STAFF APPROVAL
CSU Affiliation: <input type="checkbox"/> Faculty <input type="checkbox"/> Postdoc (if non-Chemistry) Department _____ <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Student (If non-Chemistry) Department _____ <input type="checkbox"/> Other Affiliation _____	KEY MANAGER APPROVAL CLU

Date

Signature AND Printed Name of Faculty Advisor or Supervisor

EMAIL FORM TO: cindy.ungerman@colostate.edu