

CODE REQUEST FORM VT CHEMISTRY DEPARTMENT

Name _____ Telephone _____

ID# _____ E-mail _____

Employee/Student status _____
(Faculty, Staff, Grad-student, Wage, Work Study, Research Scientist)

Building and Room Numbers for Codes Being Requested

Building _____ Room Number _____ Code # _____

Building _____ Room Number _____ Code # _____

Building _____ Room Number _____ Code # _____

Building _____ Room Number _____ Code # _____

As a condition for being issued access code(s) to rooms listed on this form, it is agreed that I will adhere to the following provisions:

1. Authorization for possession of the code(s) has been obtained from the supervisor of the accessible space.
2. I will at no time give the code, which is issued to me, to any other person. I understand if I violate this rule the code will be change to the room(s) and I will not be given the new code and my access can be limited.

I hereby acknowledge receipt of code(s) to rooms listed on this form and the conditions attendant to their issuance.

Signature _____ Date _____

Authorization

_____(Signature) _____(Date)
Supervisor/Responsible Party

_____(Print)
Supervisor/Responsible Party

_____(Signature) _____(Date)
Code Manager

_____(Print)
Code Manager