

KEY/ACCESS CODE REQUEST FORM

VIRGINIA TECH CHEMISTRY DEPARTMENT

This form must be completed in full to obtain keys or codes for any Chemistry Department building or room. Requests take up to a week to process, and you will be notified by email when your keys are ready to be issued.

Name _____ Telephone _____

ID# _____ E-mail _____

Position _____ Advisor/Supervisor _____
(faculty, staff, grad student, wage, work study, research scientist, postdoc) *(if applicable)*

Estimated Graduation/Postdoc End Date: Semester _____ Year _____

BUILDING AND ROOM NUMBERS FOR KEYS/CODES BEING REQUESTED

BUILDING	ROOM NUMBER

I acknowledge that the following keys and/or access codes are issued for my use only and will not be transferred or loaned to anyone and understand that failure to comply will result in the revoking of access rights to the key/cardholder. I will notify the Chemistry Department facilities representative immediately if any keys are lost or stolen. I assume all responsibility for ensuring the space for which I have been granted access is kept secured at all times and will comply with all Chemistry Department safety policies. I acknowledge that all keys and access cards remain the property of Virginia Tech and must be promptly returned to the facilities representative upon termination of employment or need for access.

Failure to comply with the above may result in disciplinary action and/or loss of key privileges.

I hereby acknowledge the conditions attendant to the key(s)/code(s) listed on this form.

Signature _____ Date _____

AUTHORIZATION – COMPLETED BY SUPERVISOR/RESPONSIBLE PARTY

_____ has my permission to be issued keys to each of the rooms listed above for the purpose of _____

Signature _____ Date _____