

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(s) You Are Requesting:			
<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 _____		
<p>*ARC Staff approval is required for ALL ARC clearances PRIOR to form submission.</p>			
<table border="1"> <tr> <td align="center">ARC STAFF APPROVAL</td> </tr> <tr> <td align="center"> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> </td> </tr> </table>		ARC STAFF APPROVAL	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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Date **Signature of Faculty Advisor, Supervisor, or Responsible Party AND Printed Name**

RETURN FORM VIA EMAIL TO: cindy.ungerman@colostate.edu