

**PRELIMINARY KEY REQUEST FORM**

<b>Last Name:</b>	<b>Full Legal First Name and Middle Initial:</b>		
<b>CSU ID Number:</b>	<b>Email:</b>		
<b>Your Office Room Number:</b>	<b>Your Office Phone Number:</b>		
<b>Room Number of Metal Keys You Are Requesting:</b>			
<b>Key Card Clearance(s) You Are Requesting:</b>			
<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 <sup>st</sup> Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 2 <sup>nd</sup> Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 3 <sup>rd</sup> Floor (includes RB Building Entry) <input type="checkbox"/> Chemistry RB 4 <sup>th</sup> 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><b>*ARC Staff approval is required for <u>ALL ARC</u> clearances <u>PRIOR</u> to form submission.</b></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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<table border="1"> <tr> <td> <b>CSU Affiliation:</b>  <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 _____       </td> <td align="center">         KEY MANAGER FINAL APPROVAL   <div style="border: 1px solid black; height: 30px; width: 100%;"></div> </td> </tr> </table>		<b>CSU Affiliation:</b> <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 FINAL 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](mailto:cindy.ungerman@colostate.edu)**