

PRELIMINARY KEY REQUEST FORM

Full Legal Last Name:	Full Legal First Name and Middle Initial:	
CSU ID Number:	Email:	
Office Room Number:	Office Phone Number:	
Room Number of Metal Keys Requested:		
Key Card Clearance(s) Requested:		
Chemistry Building <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	Chemistry Research Building <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 SCXRD ** <input type="checkbox"/> Other	
** ARC STAFF APPROVAL IS REQUIRED FOR ALL ARC KEY CARD CLEARANCES PRIOR TO FORM SUBMISSION.		ARC STAFF APPROVAL
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff	<input type="checkbox"/> Graduate Student <input type="checkbox"/> Other Affiliation Fill in if non-Chemistry Department	<input type="checkbox"/> Postdoctoral Fellow KEY MANAGER APPROVAL

Date

Signature AND Print Name of Faculty Advisor or Supervisor

EMAIL FORM TO: cindy.ungerman@colostate.edu