

Micro and Nanotechnology Laboratory Cylinder Key Request Form

Sponsoring faculty member or designated representative must sign or send email authorizing keys.

First Name: _____ Last Name: _____

Net ID: _____ UIN: _____

Email: _____

Department: _____

Department Address: _____

Local Address: _____

Phone Number: _____

Sponsoring Faculty Member: _____

MNTL Office #: _____

MNTL Lab Space(s) #: _____

Keys Requested: _____

Sponsoring Faculty Member Signature: _____

I, undersigned, acknowledge upon the end of my stay to return all assigned keys. I agree not to loan, transfer, give possession of, misuse, modify or alter, or make unauthorized copies of any such keys. If the keys issued to me are either lost or stolen, I will notify MNTL immediately. I further accept that if I repeatedly violate this agreement that my privileges of using MNTL space or resources may be terminated.

Signature

Date