

# REQUEST FOR ADDITIONAL KEYS OR COST CENTER CHANGE

*Complete all items that have changed since your last key or I.D. card application.*

Last Name	First Name
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Research Director/Supervisor
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Projected Date of Departure
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E-Mail Address
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**IF AN I.D. CARD IS BEING REQUESTED, THE P.I. OR SUPERVISOR MUST CHECK A BOX AND INITIAL TO AUTHORIZE.**

**Cost Center #** \_\_\_\_\_  
initials (FOR CHARGING PRIVILEGES)

**Off-Hours Library Access**  
initials (MUST BE CO-SIGNED BELOW BY LIBRARIAN)

**Uncoded I.D.**  
initials

Chemistry/Chemical Engineering/College/Other (specify one)

Status (faculty, lecturer, graduate student, post doc., staff, visiting scholar, visiting researcher, undergraduate)

Classification (staff members only; AAI, Lab Mechanician, etc.)

ASSIGNED LAB: _____	LAB PHONE: _____
ASSIGNED OFFICE: _____	OFFICE PHONE: _____

LOCAL ADDRESS: _____	PHONE: _____
_____	
In case of emergency, notify: _____	Phone: _____

**AUTHORIZING SIGNATURE:** \_\_\_\_\_

*IF ADDITIONAL KEYS ARE TO BE ISSUED, INDICATE ROOM/BUILDING BELOW.*      **DATE:** \_\_\_\_\_

<p><b>ADDITIONAL KEYS</b></p>  <p><b>TO BE COMPLETED AND INITIALED BY RESEARCH DIRECTOR OR SUPERVISOR</b></p>	<p style="text-align: center;"><b>ROOM/BUILDING</b></p> <p>_____ <small>initials</small></p> <p>_____ <small>initials</small></p> <p>_____ <small>initials</small></p> <p>_____ <small>initials</small></p> <p>_____ <small>initials</small></p>
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