

Key Request Application for Additional Keys

ECpE Department

Complete the application below (with signatures) and return to the ECpE Main Office

Contact Information

Name: _____
Last First

Issue Date: _____ Email: _____

Bldg/Room: _____ Desk Assignment: _____

ISU ID No.: _____

Status: _____

Visitors/ _____

Post Docs: Beginning date: _____ End date: _____

Additional Keys Requested

Coover

- ☐ Research Lab (Rm #) _____
- ☐ Office Space (Rm #) _____
- ☐ Outside Door (Bldg access card)
- ☐ Other Keys: _____

Durham

- ☐ Research Lab (Rm #) _____
- ☐ Office Space (Rm #) _____
- ☐ Outside Door
- ☐ Elevator Key
- ☐ 3rd Floor Key

TERM: ☐ 3 mo; ☐ 6 mo; ☐ 1 year (renewable by dept key coordinator)

Justification for additional keys (required):

ECpE POLICY

- Pick up your key(s) from 108 General Services **within 30 days** of the request, or your key request will be cancelled.
- **DO NOT transfer keys/codes to another person.**
- When you move out of a room and/or building, or leave ISU, you must return **ALL** keys [*building/room/desk*] to the ECpE Main Office, 2215 Coover Hall.
- **\$25 PER KEY WILL BE CHARGED TO YOUR U-BILL OR SUPERVISOR/HOST IF KEY IS LOST OR NOT RETURNED.**

Acknowledgement

By signing below, I acknowledge I have read, understood, & will comply with the ECpE policy above.

Signature: _____ Date: _____

Approval for Additional Key(s) Requested

Major Professor (*If applicable*)