COMPARATIVE MEDICINE & LABORATORY ANIMAL FACILITIES

Key Request Form

Date: ________________________________

P.I. Name: ____________________________

IACUC #: ______________________________

Department: __________________________

Address: ______________________________

Telephone #: __________________________

E-mail Address: ________________________

Key #: ______________ Room #: ___________ Bldg.: _______________ Qty.: ______

(If Known)

Purpose: ____________________________________________________________

All keys must be returned as soon as project is completed. A $15.00 charge will be assessed to the P.I. for each key issued.

FOR OFFICE USE ONLY

Issued To: ______________________________ Date: ____________________________

Signature

Issued By: ______________________________

Signature

Date Key(s) Returned: __________________________

Received by: ______________________________

LAF 18  6/11/18