THE UNIVERSITY OF UTAH
**DEPARTMENT OF
BIOMEDICAL ENGINEERING**

Last name: _____   Request #: _____

KEY REQUEST

**E-mail completed form to bme-access@lists.utah.edu or deliver in person to SMBB 3100.
You will be notified via e-mail when your key(s) are ready for pick up. Bring your photo ID and cash deposit.**

This key is for:
☐ Faculty   ☐ Student
☐ Staff   ☐ Other _____

First Name: _____   Request date (mm-dd-yy): _____

Last Name: _____   E-mail address: _____

uID: __ __ __ __ __ __ __ __   Phone Number: _____

Key(s) needed for Building and Room #: _____

Reason(s): _____

I agree to the following:
- I have read and understand the conditions of key responsibility as outlined in the BME Department Access Policy and the University Key Policy. (https://regulations.utah.edu/administration/3-234.php)
- I will not lend my keys to anyone any one at any time.
- I will return my keys:
  ☐ Within two (2) weeks of the end of the _____ semester.
     If needed for more than one semester, please note the anticipated end date, if any.
  ☐ When my employment/need ends.
- If my keys are lost, I am entitled to one (1) replacement key, though my deposit is forfeit.
  o If my replacement key is lost or I fail to return my keys, I must pay an increased $40 per key deposit for any keys issued for one (1) calendar year.
- I understand violations of any of the above may lead to my suspension or termination from the University.

> **STUDENTS - BY SIGNING THIS FORM, YOU AGREE TO PAY A CASH ONLY DEPOSIT OF $20 PER KEY TO BE PAID UPON ISSUE AND REFUNDED UPON KEY RETURN.**
>
> In the event of financial hardship, a deposit waiver form is available upon request.
> You must submit your Waiver Request with this form.

Key Holder Signature _____ Date _____

Approving Faculty/Staff Name (print) _____

Approving Faculty/Staff Signature _____ Date _____

For department use only

Keys Issued

Building	Room	Hook	Issue

☐ Deposit Collected
Date: _____
Staff Initials: _____

☐ Deposit Refunded
Date: _____
Staff Initials: _____

☐ Deposit Waived   Date: _____
☐ Deposit Donated by Faculty   Staff Initials: _____

MODIFIED 6/4/19