

KEY REQUEST

E-mail completed form to <u>bme-access@lists.utah.edu</u> 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 Policy and the University Key Policy. (https://reg | responsibility as outlined in the BME Department Access |
| I will not lend my keys to anyone at any time. I will return my keys: Within two (2) weeks of the end of the | semester. |
| Approving Faculty/Staff Signature | Date |
| Approving Faculty/Staff Name (print) | |
| For de | partment use only |
| Request #: | |
| Date: | osit Receipt Received Receipt Returned Date: |

I certify that I have received the key(s) issued:

_Date: ____