THE UNIVERSITY OF UTAH
DEPARTMENT OF
BIOMEDICAL ENGINEERING

KEY REQUEST

E-mail completed form to bme-access@lists.utah.edu or deliver in person to SMBB 3100.

Please ensure you pay the $5.00 deposit fee (https://uofu.nbsstore.net/general-key-deposit) and either e-mail or deliver the receipt in person to SMBB 3100.
You will be notified via e-mail when your key(s) are ready for pick up.

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 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.
- I understand that if my key(s) are lost or stolen, I will alert the department immediately. Any replacement keys will require additional deposits.
- I understand violations of any of the above may lead to my suspension or termination from the University.

Key Holder Signature _____ Date _____

Approving Faculty/Staff Signature _____ Date _____

Approving Faculty/Staff Name (print) _____

For department use only

Request #: _____

Keys Issued

Building	Room	Hook	Issue

☐ Deposit Receipt Received
Date: _____
Staff Initials: _____

☐ Receipt Returned
Date: _____
Staff Initials: _____

☐ Deposit Waived
☐ Deposit Receipt from Faculty
Date: _____
Staff Initials: _____

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