

## Cal Poly Chemistry & Biochemistry - KEY CARD REQUEST FORM

Name (print) \_\_\_\_\_  
Last,
First
Major
Project Advisor

### This section to be completed by project advisor

The above named student is authorized to check out a key card during:

Summer  quarter of 20 \_\_\_\_\_  
 Fall  quarter of 20 \_\_\_\_\_  
 Winter  quarter of 20 \_\_\_\_\_  
 Spring  quarter of 20 \_\_\_\_\_

Weekend access   
*(separate key card checked out from the stockroom)*

Check one:

Paid Research	<input type="checkbox"/>	Chem 200/201	<input type="checkbox"/>
CCMML Proctor	<input type="checkbox"/>	Chem 400/401	<input type="checkbox"/>
Student Assistant	<input type="checkbox"/>	Chem 461/463	<input type="checkbox"/>
Teaching Assistant	<input type="checkbox"/>	Chem 500	<input type="checkbox"/>
for _____	<input type="checkbox"/>	Chem 598/599	<input type="checkbox"/>

Volunteer  or Student from another major   
 requires signature by Chem Dept. Head:

\_\_\_\_\_ Date \_\_\_\_\_

Check one: Level 1 Key Card Holder   
 Level 2 Key Card Holder   
 CCL Key Card Holder

Building 52: Check if keys are needed

Signature Project Advisor \_\_\_\_\_

Date \_\_\_\_\_

### This section to be completed by the student or volunteer

I understand and will comply with the Chemistry & Biochemistry Department Safety Policy and Laboratory Work Rules. I understand that failure to complete the checkout procedure and return the key card on time (*at end of the specified quarter*) will result in a loss of key card privileges and I will be charged a **\$95 fee**.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_ Empl ID# \_\_\_\_\_

Email \_\_\_\_\_@calpoly.edu

Phone \_\_\_\_\_

### This section to be completed by Technical Staff

Dept. Safety Training Completed :

Key Card :

Notes:

Key Card privileges suspended :