CMSE KEY AUTHORIZATION FORM

KEY TRANSFER

(For lab keys the appropriate safety training must be completed first)

PLEASE TRANSFER THE FOLLOWING KEYS:

Office/Lab Number: ____________________________  Key No. ________________
(Bldg. and Room No.)

Name (Key Recipient) ____________________________________________
 Last   First

Position:  (Circle One) Faculty, Post Doc, Graduate Student,
Undergraduate Student, Research Specialist,
Sr. Secretary, Visiting Scientist, UROP.
(Other) _______________________________________________________

MIT ID Number ____________________________  Department ____________________________
(required)  _______________________________________________________________________

New Office Number ____________________________  Phone number ____________________________

Old Office Number (if applicable) ____________________________  Email Address ____________________________

Name (Key Giver) ____________________________________________
 Last   First

MIT ID Number ____________________________  Department ____________________________
(required)  _______________________________________________________________________

Signature: Key Recipient ____________________________  Date __________

Signature: Key Giver ____________________________  Date __________

PI/ADVISORS SIGNATURE FOR KEY TRANSFER

KEYS WILL ONLY BE ISSUED FROM 9:30 A.M. TO 1:30 P.M.

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Please return form to Ed Kruzel in room 13-2070
Tel: (617) 253-6814, Fax: (617) 258-6478