

ACCESS AND KEY DISTRIBUTION AUTHORIZATION FORM

Name of Student: _____

Requesting Access to: _____

Professor in Charge of Space: _____

CEE Professor Responsible for Student Activity: _____

Dates of Access: _____

Duties of Assignment: _____

Requires Key Distribution (Circle one): Yes or No

Requires Safety Training (Circle one): Yes or No

Name of course

Date completed

Name of course

Date completed

Required Approvals

Professor in Charge of Space

Date

Professor Responsible for Student Activity

Date

Laboratory Supervisor Signature

Date

Department Head Signature (if appropriate)

Date