UNIVERSITY OF ILLINOIS SCHOOL OF CHEMICAL SCIENCES KEY REQUEST FORM

KEY HOLDER INFORMATION	**Name:**	
UIN:	**Email:**	**Phone:**
Faculty Advisor:		**Office:**
☐ **Faculty** ☐ **Staff** ☐ **Post Doc** ☐ **Student** ☐ **Other**		
Department Name:		
IMPORTANT NOTICE: All keys are property of University of Illinois and shall not be loaned, borrowed, or transferred without approval. Keys lost or stolen shall be reported to SCS Receiving at scs-receiving@illinois.edu. **NOTE:** Keyholder must be part of the group that they are requesting only.		

Reason for request: **New Hire** ☐ **New Access** ☐ **Replacement Key** ☐

	Department					**Key Office Use Only**			
	Building name	**Room number**	**Quantity**	**Keyholder initials**	**Date**	**Keycode**	**Return date**	**Quantity returned**	**Initials**
1									
2									
3									
4									
5									
6									

NOTE: All of the above information is required.

Check box for card access on building you need: Noyes ☐ Chem Annex ☐ RAL ☐

For security reasons, please explain why card access is requested for each building selected (required):

SIGNATURES REQUIRED BEFORE KEY CHECKOUT:

***** Students must have advisor signature and department signature.***

***** Faculty and staff must have department signature.*** ChBE only

Recipient signature: **Date**

Faculty advisor signature: **Date**

Department administration signature: ChBE only **Date**