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.		
****Keyholder must be part of the group that they are requesting only.**		
****NL OS Door Key: If you need access to NL after hours, please email ksouther@illinois.edu.**		

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									
7									
8									
9									

NOTE: All of the above information is 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**