School of Chemical Sciences **Key Issue/Return Record**

SCS Mail Room, 29B Roger Adams Lab

Please fill this form out completely, leaving no blanks.

Arrival Date: _____

Position *(Check one)*: ___ Faculty | ___ Staff | Graduate Student | Undergraduate | Post Doc |]Visiting Scholar

Name: _____ **NetID:** _____
Last *First* *Initial*

Office/Lab Address: _____ **Office/Lab/Person Phone:** _____

Mailbox#: _____ **Advisor or Department:** _____

1. **The keys I have signed for below are for my use only and will be returned to the SCS Mail Room 29B RAL, on or before I leave the School of Chemical Sciences.**
2. **I will not give away, loan, duplicate, or permit unauthorized use of any key issued to me.**
3. When a key is lost I will immediately report the loss to the SCS Mail Room 29B RAL.
4. Any key found in the School or on Campus will be returned to the SCS Mail Room 29B RAL immediately.
5. ***I agree to pay a $1.00 charge for replacing any key lost or stolen.***

Key Number	Room Number	Date Received	Signature	Date Returned	Signature