

Department of Chemistry Cox Science Building 1301 Memorial Drive, Room 315 Coral Gables, Florida 33146-0431 Ph: 305-284-2174 Fax: 305-284-4571

Key Distribution Form

Full Name				Date Requested:			
C Number				Phone Number			
Physical Address:				Email address:			
Please list the exact key numbers associated with the room number. Print legibly.							
Building & Room Number		Key Number		Initial & Date (when received)		Initial & Date (when returned)	
Name of Principal Investigator/Supervisor:							
** an email from your supervisor authorizing the Office to provide said keys will suffice signatory approval.							
			Signature of Requestor:				
**Upon receipt of the above key(s) you are the responsible party. Therefore, any issues in regards to misuse, transfer to another party or loss of the key(s) may result in disciplinary action. Upon completion of your studies and/or employment you are required to return the above key(s). Failure to comply to these requirements may result in a fine. Please sign below in acknowledgment of this policy.							
				Signature/Date:			
Keys Returned to:			Signature/Date:				

Please submit the completed form to Noel Urbina @ <u>nurbina@miami.edu</u> or in person at the Department of Chemistry, Room 315 for processing.