PLEASE PRINT LEGIBLY

I'm NEW _____ I have keys _____

Name _____ **Faculty** ___ **Post Doc** ___ **Dept. Staff** ___ **Grad** ___ **UGrad** ____ **Visitor** ____

Email _____   **UCLA ID**_____

Group _____ **Campus Phone Ext** _____ **Office/Lab** _____

Key #	Location	P.I./Advisor approval**	Date ISSUED/initials	Date RTND/initials
			/	/
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			/	/
			/	/
			/	/
			/	/
			/	/
			/	/

_____   _____   _____
        Date   **First Name**   **Last Name**

_____
Signature of Key recipient

The key form **MUST be filled out completely with your PI/advisor's approval before submitting your key request.

Effective 01/01/2020