

## UCLA Physics & Astronomy Key Request Form

Name \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Grad \_\_\_\_\_ Ugrad \_\_\_\_\_ Visitor \_\_\_\_\_

Email \_\_\_\_\_ Employee ID # \_\_\_\_\_

Group \_\_\_\_\_ Campus Extension \_\_\_\_\_ Office/Lab \_\_\_\_\_

Room #	Key #	Approved By	Date	F/BOL
3-540 (bullpen)	F 214	_____	_____	_____
PAB	X 939	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**[The key form must be filled out completely with your advisor's approval before submitting your key request. PLEASE NOTE: A \$10.00 deposit for each key is required if you are not faculty or staff. Checks are the preferred form of payment, to be made out to: UC Regents. Upon the return of your issued keys, your deposit will be refunded. Your cooperation is much appreciated!].**

*[This bottom portion of key form to is be filled in by key management]*

Key #	Location	Date ISSUED/initials	RETURNED/initials	C/R
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/
		/	/	/

Signature: \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_