

# EOHSI Key Request Form

Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Room#: \_\_\_\_\_

EOHSI Division: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

NetID: \_\_\_\_\_

Type

- Desk
- File Cabinet

Status:

- Faculty
- Staff Graduate
- Student/Fellow
- Undergraduate Student
- Other \_\_\_\_\_

Your signature below indicates your acceptance of the following conditions:

- This key is for your use only and may not be lent to others.

Key Holder: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

For EOHSI Use Only:

Key #: \_\_\_\_\_