

CBC South Campus BRASS KEY, CARD SWIPE, and LAB COAT Request

Last Name _____ First Name _____

OSU Email (last name.number) _____

Employee/Student ID number (the short number on front of BuckID): _____

Supervisor/Lab group: _____

Grad student _____ Post doc _____ Staff _____ Undergrad _____ Faculty _____ Other _____

BRASS KEYS needed:

Building	Room #

After hours/weekend card swipe needed:

Building

Do you need a lab coat? _____

To Applicant Advisor: I have discussed with this applicant the safety procedures & precautions that must be followed while the applicant is under my supervision.

Supervisor sign: _____ Date: _____

To the Applicant: I understand the safety procedures and precautions as explained to me by my supervisor. I agree that I will not permit an unauthorized person to have access to these buildings or rooms.

Applicant sign: _____ Date: _____