BRASS KEY and CARD SWIPE Request Form

Last Na	me	First Name			
<u>OSU En</u>	nail/Name.#				
<u>Employ</u>	ee/Student # (the short # o	n front of BuckID):			
<u>Title:</u>		Supervisor/Group:			
BRASS KE	YS				
• Do y	• Do you need an outside-door key for Evans Lab ? (MUA-44)		$circle \rightarrow$	Yes	No
 Do y circle 		ey for Newman/Wolfrom Lab or McPhe	erson Lab? (J5A-1	L)	
• Do y	ou need an outside-door ke	circle \rightarrow	Yes	No	
[Building	Room #'s			

CARD SWIPE

•	Do you need after-hours swipe access for CBEC?	$circle \rightarrow$	Yes	No
•	Do you need after-hours swipe Access for Celeste?	circle \rightarrow	Yes	No
•	Do you need after-hours swipe Access for Riffe?	$circle \rightarrow$	Yes	No

Building	Room #'s	

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: