

**Key Request/ UCard Access Authorization Policy
Department of Biomedical Engineering**

Please print all information and fill out completely.

Review the rules before signing and return to room 7-105 Hasselmo Hall.

Applicant fills out this section:

Name _____ Date _____

Employee/Staff ID # _____ Grad/Undergrad _____ Visitor _____ Other _____

UCard # 600953 _____

E-mail _____ Phone _____

Note: If Health & Safety Training is required, then keys will not be issued until proof of training is provided.

Key Deposit required for each door key: \$5 for Office; \$10 for Laboratory; \$20 for Submaster

Your privilege to use Shepherd Labs will be terminated and disciplinary actions will be taken for the following:

- Passing keys or loaning them to others.
- Tampering with or disabling locks, security systems, doors, or alarms.
- Having a key in your possession that is not authorized to you.
- Carrying out any action that jeopardizes the safety of any individual, the security of this facility, or equipment related to it.

Upon leaving Shepherd Labs, all keys must be returned to room 7-105 NHH to receive a refund slip. Refund slips must be redeemed in person at the Bursar's Office, 148 Williamson Hall, before 3:00 p.m.

Your deposit will be forfeited if keys are *lost or not returned within 30 days of your departure.

*There will be a \$5.00 replacement charge per lost key.

I have read and will abide by the Key/UCard Access Policy as stated:

Applicant's Signature _____ Date _____

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Principal Investigator fills out this section:

As the advisor or principal investigator, I request that you consider the person named above for keys and/or UCard access to the following location(s) in Shepherd Laboratories.

Room Number	Key Code/Key Number	Deposit Card Number	Deposit Amount	Date Returned
	/			
	/			
	/			

Fill in additional keys on back

Please check one: This person (___ does) (___ does not) need Health & Safety Training to work in these rooms.

Advisor/Principal Investigator: Print Name _____ Phone _____

Signature _____ Date _____