



Key Request Form

Date: _____

Name: _____

GTID#: _____

Circle one: Staff FacultyStudent

Lost Key

Department: (Circle one) SEI AE CE ME Other

Department Advisor / Phone #: _____

Room/Office Key Requested: _____

Keyholder's Agreement

By my signature below, I agree to the following terms:

- 1) I have completed the necessary Lab Safety courses for lab access
- 2) The key remains the property of Georgia Tech.
- 3) The key is entrusted to me. I will not duplicate, loan, exchange or otherwise allow its use or possession by anyone else.
- 4) I will report its loss, theft or destruction immediately to CNES Building Coordinator.
- 5) If this key becomes lost, stolen or otherwise not available for return, my department will all associated replacement fees. This includes the cost for re-keying all affected locks.
- 6) The key must be returned upon leaving or upon request from the CNES Building Coordinator. I will return it immediately.

Signature: _____ Date Keys Received: _____

KEYMARK:

Signature: _____ Date Keys Returned: _____

Building Coordinator Signature: _____