



AUTHORIZATION OF KEY FORM

LAST NAME: _____
(Please Print)

I.D. # _____

FIRST NAME: _____

Email: _____

☐ Graduate Student ☐ Research Admin ☐ Undergraduate Student ☐ Academic Staff ☐ Professor Emeriti ☐ Visitor
☐ PDF ☐ Support Staff ☐ Sessional

Acknowledgement of Responsibility

IN ORDER TO CONVOCATE AND AVOID PAYING REGISTRATION FEES FOR FUTURE TERMS, ALL KEYS FOR NREF AND DICE MUST BE RETURNED TO RECEPTION,
DICE 7-207 PRIOR TO LEAVING THE U OF A.

Requester Name: _____ Requester Signature: _____

BUILDING	ROOM #	RECEPTION USE ONLY				LAB SUPERVISOR AUTHORIZATION		
		KEY CODE	SERIAL #	DATE ISSUED	DATE RETURNED	PI Name (print)	RECEPTION USE ONLY Orientation/Training	PI - SIGNATURE
NREF							Experimental Lab? If, YES, Record provided?	
NREF							Experimental Lab? If, YES, Record provided?	
NREF							Experimental Lab? If, YES, Record provided?	
NREF							Experimental Lab? If, YES, Record provided?	

RECEPTION USE ONLY			
DEPOSIT (\$20):	\$20 Paid	\$20 REFUND	NO DEPOSIT PAID