

**Department of Chemical and Materials Engineering
Key Request Form**

Last Name: _____ First Name: _____

Phone Number: _____ Email Address: _____

UKID Number (Student ID#): _____ (Not Social Security Number)

Status: (please indicate)

- Faculty Staff Teaching Assistant / Research Assistant / Fellow
 Postdoctoral Scholar Undergraduate Student Other _____

I request keys for the following:

Room #	_____	In building	_____	Key ID #	_____	
Room #	_____	In building	_____	Key ID #	_____	
Room #	_____	In building	_____	Key ID #	_____	
Desk/File Cabinet	_____			Key ID #	_____	

Total # of Keys Requested:

**Keys are no longer required for building access;
your UK Wildcard ID may be used to open doors with swipe card locks.**

Faculty Name (PRINTED)

Faculty Signature *(Required)* Date

Dept Chair Signature *(Required)* Date

***Turn in to the CME Main Office (177 F. Paul Anderson Tower) when completed.
YOU WILL RECEIVE AN EMAIL WHEN YOUR ORDER HAS BEEN FILLED AND IS READY FOR PICKUP.***

I have received the keys listed above as well as the University and CME key policy.

Requestor