

Chemistry Department Key Request Form

Complete only the **top box** of this form. Please print clearly.
Return the signed form to the mailbox for Stephen Pusztay in the Main Office: 359 NSC.

You will be notified by email when your key request is ready for pickup.
(If the keys need to be cut, this may take up to a couple of months.)

Questions regarding keys may be submitted by email to pusztay@buffalo.edu

Requested: _____
by (print) _____ Last Name

_____, _____
First Name

Check the appropriate box (**Note: form must be printed out as it requires signatures**):

DOOR KEY REQUEST

PADLOCK KEYS

DESK/FILE/CABINET KEY REQUEST

MISC.

Requested by (print): _____
Last Name , First Name

Email: _____ Phone Number: _____

Date: _____ Key Room #: _____

Key ID #: _____ Cabinet Lock ID: _____
Should be a 4 or 5-digit code (If known) Should start with letter(s)

Comments/Notes: _____

Acceptance of keys covered by this request is with the understanding that issuance and use will be in accordance with security requirements of the University. (NOTE: COMPLETE A SEPARATE FORM FOR EACH KEY NUMBER.)

Requestors Signature: _____ Date: _____

Authorized Approver's Name (Print): _____

Authorized Approver's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Internal Inventory Check: _____

Dispensed by: _____ Issued Date: _____

FOR COMPLETION WHEN RETURNING KEY

I, _____, certify that I have returned this key, and that
(Print Name)

I have accounted for all other keys that have been assigned to me, on _____.
(Date)

Signature: _____