Safety Goggles Request

Instructions:

Please Print Clearly.
After you complete the request form, please return the form to the mailbox of Amanda MacKellar in 359 NSC. Wait to be notified directly by University Facilities when your safety goggles are ready for pick-up.

Student Name: ______________________________ Person Number: ________________

Email Address: ______________________________ Phone Number: __________________

This form is for students who have a current eyewear prescription and it is needed for their safety goggles.

Student Signature: ______________________________ Date: ________________

Important Information: The safety goggle representative at the Eye Glass Store is available every Friday morning throughout the semester between the hours of 8:30am – 9:30am at Beane Center on North Campus. Once you are notified to pick-up your request, please bring your UB card for ID. Please note: You must bring your written prescription for eyewear to the eye glass store and turn it in to the optometrist.

If you have any questions, please contact chemgrad@buffalo.edu

Approved: xx ______________________________ Date: ________________
Amanda MacKellar, Grad Studies Coordinator

Department of Chemistry
Use Only

To: University Facilities Customer Service, Fax 716.645.5965 Pg.1

Authorization is approved for the above student Safety Goggles Request. Please charge the Department of Chemistry State Account ______________. Please notify Amanda MacKellar when the request is processed. Thanks.

x ______________________________ Rcvd: ________________
Kelly Thuman, Chief of Staff Faxed: ________________