

# Chemistry Department Key Request Form

Requested by (print) \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Only **ONE** key should be requested per form.

Complete only the **top box** of this form & please print clearly.

Return the signed form to the mailbox for Stephen Pusttay in the Main Office: 359 NSC.

You will be notified by email when your key request is ready for pickup. If the key is not in stock, this may take a month or more. Questions regarding keys may be submitted by email to [pusttay@buffalo.edu](mailto:pusttay@buffalo.edu)

Requested by (print): _____ <small>Last Name , First Name</small>	
UBID #: _____	Email: _____ <small>must be an @buffalo email</small>
UB office/lab Phone Number: _____	Date: _____
Room # being requested: _____	& (If known) Key ID #: _____
Comments/Notes: _____ _____	
<i>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.)</i>	
Requestors Signature: _____	Date: _____
Access to the requested room must be approved by the room's stakeholder, please have them fill in the information below. This is usually the room's PI or manager.	
Authorized Approver's Name (Print): _____	
Authorized Approver's Signature: _____	Date: _____

**STOP: The following section is to be filled out when you RECEIVE the key.**

Dispensed by (print): _____	Date: _____
Received By Signature: _____	Date: _____

**STOP: The following section is to be filled out when you RETURN the key.**

_____, certify that I have returned this key, and that <small>(Print Name)</small>
I have accounted for all other keys that have been assigned to me, on _____ <small>(Date)</small>
Signature: _____