



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 or **email to chemgrad@buffalo.edu**. 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 the 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 into the optometrist.

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

Approved: _____ Date: _____
Amanda MacKellar, Graduate 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.

Caitlynn Strong, Department Administrator

Rcvd: _____
Faxed: _____