**BRASS KEY, CARD SWIPE, and LAB COAT Request**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

OSU Email/Name.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Employee/Student # (the short # on front of BuckID):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor/Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BRASS KEYS**

|  |  |
| --- | --- |
| Building | Room #’s |
|  |  |
|  |  |
|  |  |

**CARD SWIPE**

What buildings do you need after-hours swipe access? Circle the buildings that you need access to.

CBEC Celeste McPherson

Newman/Wolfrom Evans BioSci

Riffe

What rooms do you need swipe access to?

|  |  |
| --- | --- |
| Building | Room #’s |
|  |  |
|  |  |
|  |  |

**To Applicant Advisor: I have discussed with this applicant the safety procedures & precautions that must be followed while the applicant is under my supervision.**

Supervisor sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Applicant: I understand the safety procedures and precautions as explained to me by my supervisor. I agree that I will not permit an unauthorized person to have access to these buildings or rooms.**

Applicant sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_