

# Biological Sciences Key and Badge Access Request Form

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Last Name:

First Name:

Employee/Student ID: M

Email:

Faculty

Staff

Undergraduate Student

Graduate Student

Requestor Signature\*:

\*By signing this form, I verify that I have read the departmental policies for key requests.

[http://www.artsci.uc.edu/departments/biology/Dept\\_Proc.html](http://www.artsci.uc.edu/departments/biology/Dept_Proc.html)

## Keys Requested

Key	Building	Room #

## Badge Access Requested

Rieveschl/Crosley Perimeter 24-hour

Rieveschl 6<sup>th</sup> Floor Corridor

Rieveschl 7<sup>th</sup> Floor Corridor

Rieveschl 711 (South Lab) Complex (Includes 711S)

Rieveschl 731 (North Lab) Complex

Rieveschl 703 Lab Complex

Rieveschl 8<sup>th</sup> Floor Corridor

Rieveschl 800 Lab Complex

Rieveschl 820 Lab Complex

French-West Perimeter 24-hour

Faculty Advisor Name (if applicable):

Faculty Advisor Signature (if applicable):

Department Head Signature:

Deposit Paid:

Processed:

Notified: