

DEPARTMENT OF ELECTRICAL AND COMPUTER ENGINEERING
COCKRELL SCHOOL OF ENGINEERING
THE UNIVERSITY OF TEXAS AT AUSTIN

KEY REQUEST FORM

Student Name: _____ UT EID: _____

Phone#: _____

Classification: TA RA

Other (explain): _____

(List room number(s) in space provided)

Building: _____ Office Key: _____ Lab Key: _____ Other: _____
(Room Number)

Justification: _____

I will not let other people use this (these) key(s) and I will return it upon graduation or reassignment of space.

A GRADE OF INCOMPLETE ON THESIS/DISSERTATION WILL BE REPORTED UNTIL KEYS ARE RETURNED TO SERVICE BUILDING 101

Your Signature: _____ Date: _____

Expected Date of Graduation (very important): _____

.....
I will be responsible for the correct use and safe return of the keys issued to the student named above

Supervising Professor: _____ Date: _____

Supervising Professor (Print Name): _____

PLEASE COMPLETE AND RETURN THIS FORM TO UTA 7.502

Key Request Form completed on: Date: _____ Staff Initials _____