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 ______