

Center for Neuroscience  
Request for Additional Keys

Requestor:

NAME: \_\_\_\_\_

Lab Affiliation: \_\_\_\_\_

Authorization for above listed person to receive key(s):

I, \_\_\_\_\_ authorize the issuance of  
(Authorized Individual of Room/Lab)

key(s) for room #'s /building name \_\_\_\_\_

to above listed requestor.

\_\_\_\_\_  
Signature (Authorized Individual of Room/Lab)

- Please note that any additional keys you are requesting will need to be authorized by the Supervisor or Principal Investigator of this space.
- If the requested space is actually assigned to someone other than your supervisor, that individual will need to grant access.
- Please bring this form with you when you make arrangements with the Facility and Safety Manager to sign out for your additional keys.