**UNDERGRADUATE PRELIMINARY KEY REQUEST FORM**

**Last Name:**

**Full Legal First Name and Middle Initial:**

**CSU ID Number:**

**Email:**

**Chemistry Office Room Number:**

**Chemistry Office Phone Number:**

**Room Number of Metal Keys Requested:**

**Key Card Clearance(s) Requested:**

- ☐ Chemistry ARC B115 XRD **
- ☐ Chemistry ARC B2 600 NMR **
- ☐ Chemistry ARC Basement Main Lab **
- ☐ Chemistry ARC C3A Magnetic Properties Lab **
- ☐ Chemistry ARC C3E 500 NMR **
- ☐ Chemistry ARC C4 XPS/XRD Lab **
- ☐ Chemistry ARC-ISS Yates 101 **
- ☐ Chemistry UG (Yates 412 Computer Lab)
- ☐ Chemistry UG RA (Main Lobby Entry)
- ☐ Other ____________________________
- ☐ Chemistry RB Building Entry
- ☐ Chemistry RB 1st Floor (includes RB Building Entry)
- ☐ Chemistry RB 2nd Floor (includes RB Building Entry)
- ☐ Chemistry RB 3rd Floor (includes RB Building Entry)
- ☐ Chemistry RB 4th Floor (includes RB Building Entry)
- ☐ Chemistry RB ARC 109 Main Lab *
- ☐ Chemistry RB ARC 204L SCXRD *
- ☐ Other ____________________________

**ARC STAFF APPROVAL IS REQUIRED FOR ALL ARC KEY CARD CLEARANCES PRIOR TO FORM SUBMISSION.**

☐ Yes  Chemistry Major

☐ No  Non-Chemistry Major: ____________________________

**ARC STAFF APPROVAL**

**KEY MANAGER APPROVAL**

**CLU**

**Date**  ______________________  **Signature AND Printed Name of Faculty Advisor or Supervisor**

**IMPORTANT: Agreement for Undergraduate Access to the Chemistry Building**

Undergraduate access to the Chemistry Building will **only be granted** to undergraduate students agreeing to the following policies:

1. The undergraduate student **MUST** have sufficient, previous research experience to pose no danger to others in the laboratory.

2. Undergraduate students are **NEVER** allowed to work in the laboratory alone. Someone else must **ALWAYS** be present in the laboratory, within sight and hearing, should an accident occur.

3. Should an undergraduate student gain access to the building after hours, and find that the laboratory that they plan to work in is unoccupied, the student **MUST** leave the building **IMMEDIATELY**.

4. The undergraduate student will **NOT** allow building access to any other individual.

**I understand and I agree to abide by these policies at ALL times.**

**Date**  ______________________  **Student Signature**

**I accept full responsibility to ensure these policies are strictly enforced in the building and in my laboratories.**

**Date**  ______________________  **Faculty Signature**

**EMAIL FORM TO: cindy.ungerman@colostate.edu**