**CWRU DEPARTMENT OF BIOLOGY KEY REQUEST FORM**

**Please print neatly.** Return this completed form to the Biology Office, DeGrace 203. Note: forms with incomplete information, lacking all required signatures, or without required deposits, will be returned unprocessed.

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

7-DIGIT CWRU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE or (abc123)

STUDENT ID

BUILDING/ROOM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIOLOGY FACULTY SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if key recipient is not Biology faculty)

STATUS: (circle one)

undergraduate graduate faculty staff non-CWRU

**If undergraduate or non-CWRU personnel, the Biology faculty supervisor must attach a justification memo (on letterhead, signed), describing the reason that the person requires a key, and also stating an expiration date for key usage.** For undergraduates, use the expected graduation date unless it is known that the key usage will terminate earlier. Valid reasons to receive a key include, but are not limited to: undergraduate research, work-study employment, and visiting researchers on short-term projects. Briefly describe the work to be done.

**Non-CWRU personnel** (includes contractors, visiting postdocs or researchers, high school students, volunteers, and anyone who is not on the CWRU payroll) **must obtain a CWRU ID card and 9-digit ID number 97xxxxxxx from Access Services. Cost is $25.00, non-refundable.** Payment is either at time of pickup from Access Services, or via Speedtype after cash prepayment to the Biology Office.

JUSTIFICATION MEMO ATTACHED IF UNDERGRAD? (circle one) YES NO

KEY EXPIRATION DATE (month/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFTER-HOURS BUILDING ACCESS REQUIRED? (circle one) YES NO

**Card access is for DeGrace, Millis, Clapp, Hovorka Atrium, and Schmitt Auditorium only.**

Terms and Conditions.

(1) **All undergraduates, graduate students, staff, non-CWRU personnel, and non-Biology faculty must pay a $75.00 \*\*CASH\*\* deposit per key issued. Biology faculty are exempt from the deposit for their own keys.** This deposit will be refunded if the key is returned by the expiration date or before leaving the University, whichever is applicable according to status (see above). The deposit is forfeited if the key is not returned. Access Services will charge the Biology Department a $75.00 fine for every key not returned, and the deposit will be used to offset the fine.

(2) **All lost, misplaced, or stolen keys will cost the issued person $50.00 per key for replacement.** This fee cannot be paid by the Department, and must be paid by the individual directly to Access Services before replacement keys will be issued. **While Biology faculty are exempt from key deposits, they are not exempt from key replacement fines.**

(3) **A police report must be filed for all lost, misplaced, or stolen keys.** The report number must be provided to the Biology Office in order to request a replacement key. The report number is required by Access Services in order to grant a replacement key.

(4) **Keys which are not picked up from Access Services within 45 days will cost the issued person $25.00 per key.** This is charged by Access Services to recoup the expense of keys cut but never used.

(5) **Loss or theft of certain keys to restricted or critical locations may require changing locks to maintain security.** Should this occur, Access Services will charge the Department of Biology for these costs. **Ultimately, the Biology Department will hold the Biology faculty (or faculty sponsor for undergraduates or non-CWRU personnel) financially responsible for these costs.**

 By signing below, we agree to the Terms and Conditions stated in this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KEY RECIPIENT DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIOLOGY FACULTY SUPERVISOR DATE