



Key Access Request Form

Date:

Name:

Net ID:

Phone:

Email:

Employee Type:

REQUIRED APPROVALS

Advisor:

Signature:

MSE Chair: Dr. Ashutosh Goel

Key #	Room	Return By

In return for the loan of the above-referenced key to me by Rutgers, The State University of New Jersey, I understand that the key is the property of Rutgers University; that I will not use the key other than for my personal use in the course of my employment at the University; that I will not allow use of the key by anyone nor will I attempt to duplicate nor allow anyone else to duplicate the key. In the event that this is lost or stolen, I will immediately notify the Key Representative who issued the key. I understand and agree that if I lose this key through carelessness or theft, that I may jeopardize my receiving a replacement key. It is my responsibility to return this key to the Key Representative in the event that I leave University employment or transfer to another department.

Requester Signature:

Please fill out and email the completed form to Srishti Kaul Narula: sk1668@soe.rutgers.edu