

Wireless Networking & Communications Group
(WNCG)
Key Request Form

Student Name: _____ SSN _____

Phone Number: _____

Classification: Grad Res. Asst. Teaching Asst Undergrad Res. Asst.

Please enter building and room number for requested keys below:

Office Key _____ Lab Key _____ Other _____ Outside Door _____

Justification: _____

Outside Door Key Justification: _____

I will not let other people use the requested key(s) and I will return it/them upon graduation or reassignment of space.

A GRADE OF INCOMPLETE ON THESIS/DISSERTATION WILL BE REPORTED UNTIL ALL KEYS ARE RETURNED TO SERVICE BUILDING 101.

Student's Signature: _____ Date _____

Expected Date of Graduation (Very Important): _____

I will be responsible for the correct use and safe return of all keys issued to the student named above.

Supervising Professor: _____ Date _____

WNCG Administrator _____ Date _____

Yvonne Murray