

Western University
Department of Mechanical and Materials Engineering
 Faculty of Engineering

REQUEST FOR KEYS

Once this form has been approved by the supervisor/director of the lab and the MME office, you must go online to https://www.uwo.ca/fm/client_services/keys.html

Building & Room #	Lab/Director Approval	Building & Room #	Lab/Director Approval

EX denotes outside door key.

Number of Keys (word) _____

Applicant's Name: _____
(Surname) *(Firstname)*

Student Number/Passport Number: _____

Faculty/Staff Employee Number: _____

Period for which the keys are requested: *From:* _____ *To:* _____

E-mail Address: _____

Telephone extension on campus or dept. office#: _____

PLEASE INDICATE THE APPROPRIATE CATEGORY:

- | | | |
|---|---|---|
| <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Undergraduate Student ¹ | <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Part-time Staff | <input type="checkbox"/> Full-time Staff | <input type="checkbox"/> Faculty |
| <input type="checkbox"/> Post Doc | <input type="checkbox"/> Research Assist/Assoc | <input type="checkbox"/> Limited Duties |

Applicant's Signature

Department Authorization

Date

¹If applicant is an undergraduate student, the application must be authorized by the Department Chair.