University at Buffalo
The State University of New York

COMPARATIVE MEDICINE & LABORATORY ANIMAL FACILITIES
Key Request Form

Date: _____

P.I. Name: _____

IACUC #: _____

Department: _____

Address: _____

_____

Telephone #: _____

E-mail Address: _____

Key #: _____ Room #: _____ Bldg.: _____ Qty.: _____
(If Known)

Purpose: _____

_____

All keys must be returned as soon as project is completed. A $15.00 charge will be assessed to the P.I. for each key issued.

FOR OFFICE USE ONLY

Issued To: _____ Date: _____
Signature

Issued By: _____
Signature

Date Key(s) Returned: _____

Received by: _____