

Date _____

UNIVERSITY OF CALIFORNIA, IRVINE, INTEGRATED NANOSYSTEMS RESEARCH FACILITY

KEY ISSUANCE FORM

THIS FORM MUST BE SIGNED BY ALL EMPLOYEES AND STUDENTS ISSUED UNIVERSITY KEYS

NAME _____	DEPT. _____	STATUS (Circle one)		
Last	First	FAC	Vis Fac	Staff
E-MAIL ADDRESS _____		LEC	Vis Lec	Grad
HOME ADDRESS _____		RES	Vis Res	Under Grad
HOME PHONE _____	OFFICE PHONE _____			
EMPLOYEE NUMBER _____		STUDENT ID NUMBER _____		

The above named person is authorized to have keys to the rooms listed below.

Responsible P.I. signature

Director INRF

BLDG.	ROOM	SERIAL #	KEY NO.	DATE ISSUED	DEPOSIT	CHECK IN

AGREEMENT

It is understood and agreed that:

- (1) I am responsible for the university key(s) issued to me and I will report its loss/theft immediately. I agree to reimburse the university for reasonable costs necessary to replace keys or to change locks (not to exceed \$150.00 per lock) in the event the loss of key jeopardizes the security of the university spaces.
- (2) The key(s) issued to me may not be reproduced except by the University of California, Irvine.
- (3) The key is to be returned immediately to the Business Office, Computer Science and Engineering, Room 204 (CSE 204) on termination of my employment or my withdrawal from school.
- (4) The cost of each key will be \$10.00 for students.
- (5) Only enrolled students or employees will be entitled to keys.

SIGNATURE:

I understand the above agreement and take responsibility for the above listed key(s).

Signed _____

1. Completed EH & S Training

DATE

**2. Completion of Clean Room Procedures and
Specialized Facility Procedures**

DATE