

BIOSYSTEMS ENGINEERING AND SOIL SCIENCE
DEPARTMENTAL KEY REQUEST FORM
(This form to be kept by departmental administrative staff)

Student Name _____

Student ID# _____

Key Numbers _____

Purpose for Key request _____

Due date for key to be returned or restitution* made _____

As the faculty member approving this request, I will take the following action/s (e.g., assigning an Incomplete for the associated course, withholding a final paycheck of a student employee, not approving graduation of a graduate student, etc.) if the above keys are not returned or appropriate restitution* made by the student by the due date:

Approving Faculty Name (Printed) _____

Approving Faculty Signature _____

Date _____

As the student requesting these keys, I understand that the above serious consequences will occur if the keys are not returned or appropriate restitution* made by the due date.

Student Name (Printed) _____

Student Signature _____

Date _____

*Appropriate restitution will be decided by the approving faculty member and Department Head, with the default consisting of paying to have the lock re-keyed and new keys made. If the keys are needed beyond the due date, a new form should be submitted by the approving faculty and student.

(Compete and return to Artan to get your keys.)