

**GRADUATE STUDENT
DEPARTMENT OF PSYCHOLOGY
KEY AUTHORIZATION FORM**

No charge for keys

Exp. Graduation Date: _____

Date: _____

UIN# _____

_____ is authorized to obtain the following keys:

Name	Room #	Key #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE: **A HOLD MAY BE PUT ON YOUR ACCOUNT FOR FAILURE TO RETURN KEYS PRIOR TO GRADUATION YOU MUST DO AN EXIT INTERVIEW WITH PEGGY AND THEN RETURN KEYS TO JEANNINE.**

Signature of Person Receiving Key

Phone & E-MAIL Number of Person Receiving Key

Signature of Faculty Authorizing Key

Printed Name of Faculty

Signature of Lab Coordinator (if needed)

Printed Name of Lab Coordinator