

REQUISITION FOR KEYS
Department of Psychology, McGill University
2001 McGill College room 703
Tel: (514)398-7304

NAME: _____ / _____
(please print) LAST NAME FIRST NAME

ID: _____ MCGILL EMAIL: _____

ALTERNATE EMAIL: _____

Status: (check one) Student: UG _____ Graduate _____ Post Doc _____
Staff: Faculty _____ Support _____
Other (enter title, eg: Visiting Professor) _____

<u>ROOM NO./ CODE:</u>	<u>DATE RECEIVED</u>	<u>DATE RETURNED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZED Departmental Signature: _____ Date: _____

All members of the department need to give a \$25 deposit/per key.

Deposit of \$ _____ Received by _____
_____ Date _____

Reimbursement upon return of key(s)

I received the sum of \$ _____ Applicant _____ Date _____

DECLARATION

I, the undersigned, understand that key(s) are issued for my personal use. I will not loan key(s) to anyone. In the case of theft or loss, I will report this to the Department immediately.

Applicant Signature _____ Date _____