

REQUISITION FOR FOB  
Department of Psychology, McGill University  
2001 McGill College room 713  
Tel: (514)398-6101

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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: \_\_\_\_\_

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All members of the department need to give a \$20 deposit / FOB .

Deposit of \$ \_\_\_\_\_ Received by  
\_\_\_\_\_ Date \_\_\_\_\_

Reimbursement upon return of FOB

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

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**DECLARATION**

I, the undersigned, understand that the FOB is issued for my personal use. I will not loan the FOB to anyone. In the case of theft or loss, I will report this to the Department immediately.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_