

Flex Lab Access Form

After Hours Access Request Date: _____

Name: _____ PUID: _____

Email Address: _____ Phone Number: _____

Group Name: _____ Print Privileges for this group? Yes No

Group Leader Name: _____ Department: _____

Private Office Key Request

Room Number: _____ Date Issued: _____ Key Number: _____

Furniture Key Number: _____

Locker Key Request

Locker Number: _____ Date Issued: _____

Key Number: _____ Date Returned: _____

All keys issued to you are the property of Purdue University and the College of Engineering. By your signature, you agree to return all keys when you are no longer working at the Flex Lab.

Replacement of misplaced keys, will be done at a cost of \$5.00 each.

By signing below, I understand that after-hours access is a privilege. I understand that the Flex Lab is a secured building. If I bring in guests after hours, I will be responsible for their behavior. I will personally escort all guests out with me as I leave the Flex Lab. I understand that doors may not be propped open, and I will not permit others to use my access fob/card. Failure to follow these rules will result in my access being, immediately revoked.

Signature

Date

Group Leader Signature

Date

Approved By

Date