HERRICK LAB CHECK-IN

Part 1: To be filled in by Major Professor(s) and then forwarded to student

Professor Name: _____

I take full responsibility for the activity of _____ while at the Ray Herrick Laboratories.

This individual will be categorized as: ☐ MS ☐ PhD ☐ PostDoc ☐ Grad Project Student ☐ Undergrad Project Student ☐ Visiting Scholar

☐ Interdisciplinary ☐ 497 ☐ 597 ☐ Faculty Member ☐ Staff ☐ Other

Individual needs: a key to HERL ☐ HLAB ☐ Card Swipe Only ☐ Permission for this individual to check out tools and equipment: Yes ☐ No ☐

In the name of (*if other than a Herrick Grad Student*)_____

Project Name: _____
Project Account: _____
Thesis/Study Titled: _____
Sponsor's Name: _____ $ Limit: _____ **PROGRESS REPORTS**: Yes ☐ ☐ No
Professor's Signature: _____ Date: _____

Part 2: To be filled in by student

Name: _____
First Middle Last

Current Local Address
_____
_____
Cell Phone: _____

Permanent Home address (if different from current address)
_____
_____
Citizen of: _____

Purdue e-mail address _____ **Right to Know completed on** _____
Major field of study (Acoustics, Controls, etc.) _____
Anticipated departure_____

Previous Degrees
Undergraduate (B.S.) Major_____ Graduation Month & Year_____
Name of School: _____ City, State, Country_____
Graduate (M.S.) Major _____ Graduation Month & Year_____
Name of School: _____ City, State, Country_____
Graduate (Ph.D) Major _____ Graduation Month & Year_____
Name of School_____ City, State, Country_____

IN CASE OF EMERGENCY, CONTACT:
Name: _____
Phone: _____

I, the undersigned, understand the orientation to the Herrick Laboratories I have received and understand that **I must officially check out of the Lab and return my key when I leave.**
Signed_____ Date_____

Part 3: To be filled in by Administrative Assistant

This individual has been oriented to the policies and procedures of the Herrick Lab as indicated by the attached checklist.
Bldg._____ Office: _____ Mailbox: Y N Signed_____ Date: _____
Administrative Assistant

Part 4: To be filled in by Shop Supervisor

This individual has been instructed on all matters associated with interaction with the Herrick Lab shops as indicated by the attached checklist.

Key Record_____ PUID for card swipe access_____
Signed_____ Date_____