

RTK \_\_\_\_\_

Major Professor (s): \_\_\_\_\_

### HERRICK LAB CHECK-IN

I take full responsibility for the activity of \_\_\_\_\_ while at the Ray W. Herrick Laboratories. This individual should be categorized as:

MS  PhD  PostDoc  Visiting Scholar  Undergrad Project Student  Graduate Project Student   
497  597  Interdisciplinary Student  Faculty Member  Staff

Other  \_\_\_\_\_ Field of Study \_\_\_\_\_

I request that this individual be issued a key to: **Original building**  **New building**  **Card Swipe Only**

I request that this individual be permitted to checkout tools and instruments: Yes  No

in the name of (if other than a Herrick Graduate student) \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Acct. \_\_\_\_\_

Fund

Cost Center/Order Number

Thesis/Study Titled \_\_\_\_\_

Sponsor's name \_\_\_\_\_ \$ Limit: \_\_\_\_\_ **PROGRESS REPORTS**  Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Professor in Charge)

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: \_\_\_\_\_

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

Photo Information \_\_\_\_\_

Key Record \_\_\_\_\_ PUID # for card swipe system \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

(Shop Representative)

Signed \_\_\_\_\_ Date: \_\_\_\_\_

(Electronic Shop Representative)

### INFORMATION SHEET

Name \_\_\_\_\_  
(first) (middle) (last or family)

Current Local Address \_\_\_\_\_ Permanent Home Address (other than Campus Address) \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Purdue e-mail address \_\_\_\_\_ Citizen of \_\_\_\_\_

Major Field of Study (i.e., Acoustics, Controls) \_\_\_\_\_ Married  Spouse's Name: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Anticipated Departure \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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 \_\_\_\_\_

I, the undersigned, understand the orientation to the Herrick Laboratories I have received and understand **that I must officially checkout of the Lab and return my key(s) when I leave.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Donna Cackley

