

Date:

Department of Biomedical and Molecular Sciences Key and FOB Request Form

Please fill out the information below and submit electronically with PI signature to:
(<https://dbms.queensu.ca/services/online-forms>).

Principal Investigator:

Supervisor Signature: _____

Name of Key Recipient:

Email Address:

Student/Staff #:

Category:

<input type="checkbox"/> Faculty	<input type="checkbox"/> Support Staff
<input type="checkbox"/> Post-doctoral Fellow	<input type="checkbox"/> Research Staff
<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Project Student (D40 ONLY)
<input type="checkbox"/> Co-op Student (D40 ONLY)	<input type="checkbox"/> Casual Employee

(Volunteers and visitors are not entitled to keys)

Keys Requested:	Room#	Key#/FOB#	Code#	Room#	Key#/FOB#	Code#
	1.	<input type="text"/>		5.	<input type="text"/>	
	2.	<input type="text"/>		6.	<input type="text"/>	
	3.	<input type="text"/>		7.	<input type="text"/>	
	4.	<input type="text"/>		8.	<input type="text"/>	