

# KEY REQUEST and/or ID ACTIVATION FORM

Department of Chemistry and Biochemistry  
College Park, Maryland

NAME: \_\_\_\_\_  
Last First M.I. Date

e-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

UMID: \_\_\_\_\_ (for keys) Office Ext.#: \_\_\_\_\_

## REASON FOR KEY REQUEST and/or ID Activation (Check One):

\_\_\_\_ New Staff Member      \_\_\_\_ Transfer      \_\_\_\_ Replace Lost Key  
\_\_\_\_ New Space Assignment      \_\_\_\_ Other

## EMPLOYMENT STATUS:

\_\_\_\_ Full Time Staff      \_\_\_\_ Faculty      \_\_\_\_ Student (Employee)  
\_\_\_\_ Part Time Staff      \_\_\_\_ Student (Non-Employee)      \_\_\_\_ Non-University Personnel

REQUESTING KEY FOR: Room(s) Number: \_\_\_\_\_

Inner Building Key:      [ ] yes      [ ] no      Check here if female \_\_\_\_\_

## ID CARD ACTIVATION TO ENTER BUILDING:

Initial if you need activation to the Building 091 Chem. Faculty initials for approval \_\_\_\_\_

Initial to activate Room 1515 \_\_\_\_\_ Noel Whittaker signature \_\_\_\_\_  
(Mass Spec. facilities)

Initial to activate Room B0127 X Peter Zavalj signature \_\_\_\_\_  
(X-Ray Crystallography facilities)

Initial to activate Room B0128 \_\_\_\_\_ Yiu-Fai Lam signature \_\_\_\_\_

Initial to activate Room B0117 \_\_\_\_\_ Yiu-Fai Lam signature \_\_\_\_\_  
(NMR & EPR facilities) (work hours only) \_\_\_\_\_ No limitation \_\_\_\_\_

Article 27 Section 336B of the Annotated Code of Maryland. Reads in Part, "It is unlawful to use, distribute, manufacture, Duplicate or possess keys capable of being used in locks in or on property owned or leased by the state, unless authorization to do so". The above relates to any University Key marked "U of M", "Unlawful to duplicate" or "Do Not Duplicate". Any violation of the subsection shall be a misdemeanor and punishable upon conviction by a fine not to exceed \$500.00 for each offense.

I fully understand Article 27 Section 336B, and my signature so constitutes.

**All keys are to be RETURNED to the Key Monitor.  
A fee of \$10.00 per key will be charged for replacing lost keys.**

\_\_\_\_\_  
Signature of Key Requestor

All key request requires approval of person(s) assigned custodial responsibility for the area(s). No key will be distributed without an approving signature.

Peter Y. Zavalj \_\_\_\_\_  
Printed Name Signature Date

Date Form Recd: \_\_\_\_\_ Date Key Requested: \_\_\_\_\_ Date key Recd: \_\_\_\_\_