

**STUDENT KEY AND CARD ACCESS FORM**

**KEY HOLDER NAME** \_\_\_\_\_

**BEGINNING TERM DATE** \_\_\_\_\_

**ANTICIPATED END DATE** \_\_\_\_\_

*If the begin and anticipated end lines are NOT completed, you will not be granted access or a key for this building. Key inventories will take place by Tetrad Property Group annually before May commencement. If you do not possess the keys in Tetrad's database system, **a \$100.00 handling fee and fine** will be assessed to the faculty member per key.*

**KEY HOLDER EMAIL ADDRESS** \_\_\_\_\_

**KEY HOLDER PHONE NUMBER** \_\_\_\_\_

**FACULTY MEMBER** \_\_\_\_\_

*(Person you report to and responsible for key)*

**Indicate with an X your status:**

**Staff** \_\_\_\_\_      **Graduate Student** \_\_\_\_\_      **Post Doc** \_\_\_\_\_

**Faculty** \_\_\_\_\_      **Visiting Faculty** \_\_\_\_\_      **Other** \_\_\_\_\_

**Key Requested for Room Number/Floor** \_\_\_\_\_

*My signature represents that I have requested a key for room number \_\_\_\_\_ and access to the following areas \_\_\_\_\_*

*with the Department of Food Science and Technology and The Food Processing Center with the University of Nebraska-Lincoln. My NUID 7 digit number is \_\_\_\_\_*

*If I fail to return my key after my study or time with the University of Nebraska-Lincoln to my respective faculty member, I will forfeit any pending grade or degree anticipated for graduation and I will be restricted from having my transcripts issued.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Faculty Member Signature and Date**