UNIVERSITY OF NOTRE DAME
COLLEGE OF ENGINEERING

KEY FORM

DEPARTMENT OF ELECTRICAL ENGINEERING

DATE: _____

I AUTHORIZE _____ TO RECEIVE A KEY(S) FOR ACCESS TO THE FOLLOWING AREA(S):

ROOM NUMBER	For Dept. use only KEY MARKING	APPROVING SIGNATURE
	previous office (returning key)	
Undergraduates Grad year (ie 2006) ☐	emailed ☐ issued key ☐ entered in DB ☐	

AFS ID: _____

Advisor: _____

If not EE, list Dept : _____

Before You Leave the University!
Please Return Keys To:

The University of Notre Dame
Department of Electrical Engineering
253 B Cushing Hall 631-7235
Manning.20@nd.edu

I have received the key(s) listed above and agree to appropriately and responsibly use them. I will return the key(s) when no longer needed, upon request, or when I leave the university.

_____

Rev Date : 3/16/06