

Key/ Swipe Card/ Building Access

School of Electrical Engineering and Telecommunications

Staff Number or Student Number: _____ Job Title or Program Code: _____

Family Name: _____ Given Names: _____

Please circle: Professor / Associate Professor / Dr / Mr / Mrs / Miss / Ms / Other _____

Contact telephone if available: _____ Email address: _____

Keys	Room number:	OH&S Induction done?	yes / no / not required	
	Room number:	OH&S Induction done?	yes / no / not required	
	Room number:	OH&S Induction done?	yes / no / not required	
	Room number:	OH&S Induction done?	yes / no / not required	

Swipe Card Access	Room number:	OH&S Induction done?	yes / no / not required	
	Room number:	OH&S Induction done?	yes / no / not required	
	Room number:	OH&S Induction done?	yes / no / not required	
	Room number:	OH&S Induction done?	yes / no / not required	

Building Access	24 Hours Monday – Sunday	
	Normal Office Hour Monday – Friday only	
Alarm Pin Code	<i>Rare case (as per special request)</i>	

Supervisor's name: _____ Date: _____

Supervisor's signature: _____ Date: _____

Applicant's signature: _____ Date: _____

For office use only

Note: A \$20.00 deposit is required for the 1st time issue of keys to students. This deposit is refundable once all the keys kept by the students are returned.

This form is to be kept in the School Office for record.

Keys received by applicant: Yes / No Swipe Card Access request sent to FM: Yes / No

Name of School Office staff: _____ Staff's signature: _____ Date: _____