

**School of Electrical Engineering and Telecommunications**  
**Request for Keys /Room /Building Access for Staff and Students**

Please Tick:

Keys                      Room Swipe Card Access                      Building Access                      Alarm code

Title (Mr. / Mrs. / Miss / Ms / Dr. / A/Prof. / Prof. / other) \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

For Staff : Staff ID: \_\_\_\_\_ Job title : \_\_\_\_\_

For Student: Student ID: \_\_\_\_\_ Program studying: \_\_\_\_\_

Contact telephone if available: \_\_\_\_\_

Room number for the key: \_\_\_\_\_

Room number for the Swipe card Access: \_\_\_\_\_

Building Access: 24hours Mon-Sun                      normal official hours Mon-Fri

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: A \$20.00 deposit is required for the 1<sup>st</sup> 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.

Sign here for receiving the keys:  Date:
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