CypherLock Code Request Form  
Non-Hazardous Materials Labs

Date: _______________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student ID Number</th>
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Canvas E-mail Address

(Circle One): Faculty  Teaching Associate  Student  Other

(Circle One):  B.S. ChE  B.S. MatE  B.S. BmE  M.S. ChE  M.S. MatE  M.S. BmE  MSE

Other: _______________________

You MUST have a lab partner when working in specific labs due to safety concerns.

Check the Lab for Code being requested (check only ONE LAB PER SHEET):
1. You must use a different request form for EACH code you request.
2. Faculty member(s) signature REQUIRED unless otherwise noted.

Front Office:  E385  □
Club Room:  E315  □  (NO FACULTY SIGNATURE REQUIRED)

Reason for Needing Code: _______________________

Signature: ___________________________________

Your signature indicates your intention to keep this code secure and private. Violation of this commitment will result in loss of lab code privileges.

Faculty Authorization: (Office Use Only):

Faculty Name: _______________________ Faculty Signature: _______________________

Admin/Staff Initials: ___________ Issue Date: ___________ Emailed: ___________

Assigned Code: _______________________

THIS CODE IS ASSIGNED ONLY UNTIL END OF ACADEMIC YEAR