

**ME Department
Laboratory Omni Lock Door Code Request**

Requested Semester: ___ Fall ___ Winter ___ Spring ___ Summer Year: _____

Student Name: _____
Last Name First Name MI

Student ID #: _____

Tel #: _____

Email: _____

Lab Room #: _____

Reasoning for Door Code: (please check)

Graduate Research

Senior Project

Other (explain below)

Specific Reasoning for Door Code:

Faculty Member Name (signature required unless same as lab director): _____

Lab Director Authorized Signature: _____

TERMS OF AGREEMENT: I understand that access to the ME Department laboratories is a privilege and not a right. I will be **responsible** for the care of the equipment and the facilities while in the lab. I will be responsible for any loss or damages to the equipment and facilities as a result of my action in the laboratory. I will not give my door code to anyone, nor will I let any unauthorized person in the laboratory. Also I confirm to the University policy that two or more persons must be present in any laboratory with equipment or materials which are considered to be hazardous.

Door Codes should NOT be shared. If we find proof that you have shared your door code with others, your door code privileges will be revoked.

I acknowledge that I have read and agree to the above Terms of Agreement.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Omni Lock Code: _____