

**Department of
Biomedical, Chemical, and Materials Engineering
San Jose State University**

CypherLock Code Request Form

Please allow several days for Department staff to complete request

Date: _____

Last Name

First Name

Student ID Number

E-mail address: _____

PLEASE PRINT EMAIL ADDRESS CLEARLY OR THE CODE WILL NOT BE ISSUED

(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**.*

Code requested (check only ONE):

1. You must use a different request form for **EACH** code you request.
2. Faculty member(s) signature **REQUIRED** unless otherwise noted.
3. Attach Certificate of Training **REQUIRED** for BmE Lab 233I & BmE Lab 221.

Front Office: E385 ProE Lab: E311 E315

BmE Lab: E221 E233I (Both **REQUIRES** Certificate of Training)

ChE Labs: E109 E201 E203 E205

MatE Labs: E105 E223 E225 E231 E235

Club Room: E233 (no Faculty member 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: _____ Certificate of Training (BmE): _____

THIS CODE IS ASSIGNED ONLY UNTIL END OF ACADEMIC YEAR.