

**Department of  
Biomedical Engineering  
San Jose State University**

**CypherLock Code Request Form  
Non-Hazardous Materials Labs**

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

\_\_\_\_\_  
Last Name                                      First Name                                      Student ID Number

\_\_\_\_\_  
**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