

**ME Department
Laboratory Omni Lock Door Code
Terms of Agreement**

Requested Semester: Fall Winter Spring Summer Year: _____

Student Name: _____
Last Name First Name MI

Student ID #: _____ Tel #: _____

Email: _____

Lab Room #: _____

Omni Lock Code: _____

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.**

Lab doors should not be propped open (unless a class is in session).

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

Student Signature: _____

Date: _____