

Key Request Form - Lash Miller Chemical Laboratories

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

- Undergraduate Student (exterior door key not permitted)
- Graduate Student
- International Visiting Graduate Student
- Post Doc
- Visiting Professor/Scientist
  
- Faculty/Staff (specify) \_\_\_\_\_
- AC Personnel (specify) \_\_\_\_\_

**Student/Personnel Number:** \_\_\_\_\_

- Lab/Office Number(s):
- Entrance Key
- Mailroom

In authorizing this key request, I have advised this individual that he/she may not work in the lab unsupervised at any time. Furthermore, I understand that the safety of this student/post doc/visitor in the Lash Miller building is my responsibility. The online safety orientation must be successfully completed before keys are issued. The key holder must agree to abide by the policies and procedures of the University of Toronto including the [Code of Academic Behaviour](#) and [ethical conduct in research](#) and return the key(s) as soon as the appointment has ended. **Please email this signed form to [chem.keys@utoronto.ca](mailto:chem.keys@utoronto.ca) and ensure you have followed the [Key Request SOP](#). Note: If a key is lost, a new deposit must be paid.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(\$50.00 per key)

Deposit Paid \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

Deposit Returned \_\_\_\_\_

Returned by \_\_\_\_\_

Date \_\_\_\_\_

