



EMT Key Request Form

Please provide the following information for the person requesting key(s) and return Key Request Form to Sarah Haluzak, EMT Office Manager, ALS #1007B.

Name: _____

OSU ID #: _____ Phone Ext: _____

Position (circle one): Faculty Staff Student

Building(s): _____

Room #: _____

P.I.'s Name: _____

Date: _____

Signature of P.I.

Please Print Clearly - Form must be filled out completely and **signed** by the Principal Investigator.
Incomplete or unsigned forms will **NOT** be processed.

Allow 24 hours for processing.

