

EMT Key Request Form

Please provide the following information for the person requesting key(s) and return Key Request Form to
Mary Mucia, (mary.mucia@oregonstate.edu, ALS #1007.

Name: _____

OSU ID #: _____ Phone #: _____

Position (Check one): Faculty Staff Student

Building(s): _____

Room #(s): _____

Key #(s) if available _____

P.I.'s Name: _____

Date: _____

Signature of PI

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.