

Permission for Key Access to Research or Dean's Office Space

Please note this is **NOT** a key permit.

KEYHOLDER: It is your responsibility to return all keys by the expiry date to the office at **EV1 347**.

I authorize _____ to have access to _____
building/room

from _____ to _____
(Start date) Month/Day/Year (Expiry date) Month/Day/Year

Approved by: _____ Date: _____
Faculty Signature Month/Day/year

Please indicate the unit and user category by clicking in the appropriate boxes.

UNIT	CATEGORY
SEED	U/G
SERS	MASTERS
GEM	Ph.D.
IC3/CRYO	R/A
SIG	T/A
PLAN	W/P
KI	CO-OP
	ADJUNCT
	VISITOR

Instructions for Completing This Form:

1. Sign the form electronically and save to your computer
2. Email the completed form to Eileen Davidson, edavidso@uwaterloo.ca, and to the User