

# ECEN Key Request

Date \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
UIN \_\_\_\_\_  
Email \_\_\_\_\_

Major  ELEN  CEEN  Other

Faculty  Master - Sci   
Staff  Master - Eng   
Visiting Scholar  Undergrad   
Post Doc  Student Worker   
PhD  Other  \_\_\_\_\_

Expected Graduation or  
End of Appointment \_\_\_\_\_ (month/year)

Room #	Bldg.
_____	_____
_____	_____
_____	_____

Advisor or  
Sponsoring Faculty \_\_\_\_\_  
(Print)

Advisor or  
Sponsoring Faculty \_\_\_\_\_  
(Signature)

Recipient \_\_\_\_\_  
(Signature)

***As Recipient, I understand and acknowledge that I must return all TAMU keys to the department prior to graduating or leaving. Failure to do so may result in delay of graduation and/or other exit processes.***

Please submit completed form to room 076 WEB or to [ecen-facilities@tamu.edu](mailto:ecen-facilities@tamu.edu)