

LAB KEY REQUEST FORM

Name: _____

ID No: _____

User Type:

- Staff
- Undergraduate Students (Programme: _____)
- Postgraduate Students (Programme: _____)
- Others

Faculty/Department: _____

Lab Requested (Venue): _____

NOTE:

- The requestor needs to adhere the lab's policy and guidelines to ensure that the security and safety measures are followed.
- The issued keys are University property and are the requestor's responsibility. Fabricating, duplicating or modifying University keys is prohibited. The key cannot be loan to anyone.
- The requestor needs to return the key to the Manager or Lab Engineer once the class ends. If the key is not return, the Manager or Lab Engineer must report lost or stolen key(s) to Security Department within 24 hours.

Collected By: _____
(Signature & Stamp)

Date: _____

Returned By: _____
(Signature & Stamp)

Date: _____

FOR OFFICE USE ONLY

▪ Approved By : _____ Date : _____

▪ Signature & Stamp : _____