

Nutrition and Exercise Physiology
KEY REQUEST FORM

Person requesting keys:

(This request must be made by a faculty member or staff person – keys will not be ordered if the student makes the request)

Date: _____

Person receiving keys and/or Swipe access:

- Grad Student
- Undergrad Student
- Employee

Name: _____

What Keys / Swipe Access do you need?

- Outside Door
- Master Key
- Sub Master Key ____
- Room _____ , _____ , _____ , _____ , _____

Is this a replacement key? Yes ___ No ___

If so, why? _____

The form should be completed and returned to Ben Sauro. You can email the form to: saurob@missouri.edu, or drop it off at the NEP office in Gwnn Hall 204.

Please remember all keys should be returned and we should be notified when a student leaves the program or ends their association with the department.