

Massachusetts Institute of Technology
MATERIALS RESEARCH LABORATORY

MRL KEY AUTHORIZATION FORM
KEY TRANSFER

(For lab keys the appropriate safety training must be completed first)

PLEASE TRANSFER THE FOLLOWING KEYS:

Office/Lab Number: _____ **Key No.** _____
(Bldg. and Room No.)

Name (Key Recipient) _____
Last First

Position: (Circle One) Faculty, Post Doc, Graduate Student,
Undergraduate Student, Research Specialist,
Sr. Secretary, Visiting Scientist, UROP.
(Other) _____

MIT ID Number _____
(required) Department _____

New Office Number _____ Phone number _____

Old Office Number (if applicable) _____ Email Address _____

Name (Key Giver) _____
Last First

MIT ID Number _____
(required) Department _____

Signature: Key Recipient _____ Date _____

Signature: Key Giver _____ Date _____

PI/ADVISORS SIGNATURE FOR KEY TRANSFER

Please return form to MRL Headquarters in room 13-2106.
Tel: (617) 253-6850