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 ___________________________ Department ___________________________
(required)

New Office Number ___________________________ Phone number ___________________________

Old Office Number (if applicable) ___________________________ Email Address ___________________________
Name (Key Giver) ________________________________________________
Last First

MIT ID Number ___________________________ Department ___________________________
(required)

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