



KEY REQUEST FORM ENTOMOLOGY AND NEMATOLOGY DEPARTMENT

I understand that this key(s) is to be used only by me and no copies are to be made. I take full responsibility for the security of the key . I also understand I am financially respon-sible for key(s) that are lost or not returned. **Please return the keys before you leave UF En-tomology and Nematology Department.**

Name: _____

UFID#: _____

Phone number: _____

Email address: _____

Key#: _____

Signature: _____

Date: _____

Faculty or Staff supervisor signature: _____

Date: _____

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Key return date: _____

Signature: _____

SUBMIT