

**GENOME SCIENCES
BUILDING ACCESS / KEY FORM**

EMPLOYEE NAME (Last, First, MI)		DEPARTMENT		LAB/GROUP	
KEY DISTRIBUTION				By signing for keys you accept responsibility for their security.	
KEY NUMBER	SUB NUMBER	RM NUMBER	ISSUE DATE	RETURN DATE	SIGNATURE
ACCESS / PHOTO ID CARDS					
By signing for Access / Photo ID cards you accept responsibility for their security.					
NUMBER ISSUED		ISSUE DATE	EXPIRE DATE	SIGNATURE	