

**THE UNIVERSITY OF MISSISSIPPI
LABORATORY SERVICES**

Phone (662) 915-5433 FAX (662) 915-5480

KEY RECEIPT FOR RADIOACTIVE LABS

NAME: _____ SSN / ID: _____
(PRINT) FIRST MI LAST

DEPARTMENT: _____ PHONE #: _____

FACULTY: _____ STAFF: _____ GRAD. STUDENT: _____ UNDERGRAD: _____

KEY NUMBER: _____

LOCATION OF KEY [Bldg & Room(s)]: _____

I ACKNOWLEDGE RECEIPT OF KEY # _____. I UNDERSTAND THAT THIS KEY IS TO BE USED IN THE COURSE OF MY ASSIGNED DUTIES IN THE DEPARTMENT OF _____. I AGREE NOT TO LOAN THIS KEY TO ANYONE OR TO USE IT TO ALLOW ENTRY TO ANYONE ELSE. I FURTHER AGREE TO PROMPTLY REPORT LOSS OF THE KEY TO MY LAB SUPERVISOR AND THE RSO. I WILL RETURN THE KEY TO LABORATORY SERVICES WHEN I GRADUATE OR TERMINATE EMPLOYMENT. I UNDERSTAND THAT FAILURE ON MY PART TO ABIDE BY THESE CONDITIONS COULD RESULT IN LOSS OF AUTHORIZATION TO USE RADIOACTIVE MATERIALS OR RADIATION GENERATING DEVICES.

SIGNATURE: _____ DATE: _____

SUPERVISOR'S NAME: _____
(PRINT) FIRST MI LAST

SUPERVISOR'S SIGNATURE: _____ DATE: _____

DEPARTMENT CHAIR'S SIGNATURE _____

RSO'S SIGNATURE _____

Departmental Use Only

Date Key Returned	RSO, LABORATORY SERVICES
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