Marshall University School of Pharmacy

Building Access/Key Assignment Request

Date:	Department:
Building: ♦ Coon I	Education Building AWWWWWWWWWWWW
Door Location/Room No.:	
Access/Keyholder:	
Department Approval:	
Administration Approval:	Brian A. Gallagher, R. Ph., J. D., Interim Dean, MUSOP
In accepting the building access/room key indicated above I agree to properly secure the access card/key from loss or unauthorized use, prevent its duplication and to return it upon separation from MUSOP	
Key/Access Received:	Date:
Key/Access Returned: Á	Holder Signature
Original – Administration 1 st Copy – Department 2 nd Copy – Employee	