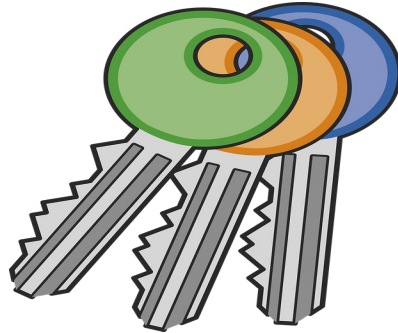


Department of Psychology Key Request



Name: _____

Date: _____

Student

Faculty/Staff

Room No. _____

Room No. _____

Room No. _____

MDE Key (1009/classrooms)

Building 618 BSB or 623 EPASW

Length of time needed _____

E-mail: _____

*Please complete key request form and send to Deborah Rogers via [email-dsrogers@uic.edu](mailto:dsrogers@uic.edu) OR drop it off in room: 1033