

APPLICATION FOR KEYS TO BIOSCIENCES COMPLEX

PLEASE PRINT CLEARLY

Applicant's Name: _____	Student/Employee # _____
Kingston Address: _____ _____	Kingston Phone # _____
	Office Room # _____
	Office Phone # _____
Status: <input type="checkbox"/> Undergrad <input type="checkbox"/> Grad <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	Email: _____
Supervisor Name: _____	

NOTE: The cost of a set of keys is \$45.00 (payable to Queen's University by cheque or cash [EXACT AMOUNT ONLY – we DO NOT make change]). \$40.00 of this fee is refundable when all keys and proximity card are returned.

The provision of a key(s) and/or proximity card is conditional upon the endorsement below of the supervising professor involved and the agreement of the applicant to comply with all the rules listed below.

Keys are required for the period of _____ to _____
YYYY MM DD YYYY MM DD

Proximity Card Access

Check Applicable Area(s):	Room Number	Key Requested	Key Issued
<input type="checkbox"/> Animal Care	_____	_____	_____
<input type="checkbox"/> Aquatic Facility	_____	_____	_____
<input type="checkbox"/> BioSciences Bldg	_____	_____	_____
<input type="checkbox"/> Chemical Engineering	_____	_____	_____
<input type="checkbox"/> Darkroom 1421	_____	_____	_____
<input type="checkbox"/> Environmental Studies	_____	_____	_____
<input type="checkbox"/> Grad Study Rm (ENSC)	_____	_____	_____
<input type="checkbox"/> PEARL	_____	_____	_____

Proximity Card Issued? Yes No Card Number: _____

To the undersigned, understand that:

1. The key(s) to doors in the BioSciences Complex issued to me are to be used to expedite/make possible work essential to my biology course(s).
2. I will lend the key(s) to no one.
3. I will admit no one to the BioScience Complex.
4. I will not "block" any door to permit later entry to someone else.
5. I will ensure that any door I open closes securely behind me.
6. I will leave equipment I use in a safe condition and position and will not move any equipment from one room to another.
7. I will return the key(s) and/or proximity card as soon as the need described on the application is over. I will not retain key(s) and/or proximity card beyond the required period without re-application of their use. Failure to return key(s) and/or proximity card shall result in forfeiture of my deposit.
8. If I lose my key(s) and/or proximity card, I will pay an additional \$45.00 deposit for a replacement set of key(s) and/or proximity card.
9. Any person who does not abide by these conditions will lose key and/or proximity card privileges and/or withholding of marks/degree until all keys are returned/accounted for.
10. Using your Proximity Card leaves an electronic record which can be used to verify door entry/exit.

Signature: _____
(Applicant) (Supervisor) (Date)

*If applicant fails to return keys, I agree to be responsible for whatever costs are incurred in replacing keys.

PURPOSE STATEMENT FOR THE COLLECTION OF PERSONAL INFORMATION

Purpose Statement:

The personal information collected on this form, and on the other forms in this bulletin, is collected under the legal authority of the Royal Charter of 1841, as amended. The information collected will be used to create a database of all persons holding keys and/or proximity cards for the BioSciences Complex. This information will form part of your building access records and will be shared with your Supervisor, the Head, Department of Biology, and with Campus Security. This information will be retained until all keys and/or proximity cards are returned to the Biology Department, Queen's University.

If you have any questions or concerns about the information collected, or how it will be used, please contact the Department Manager, Department of Biology, 116 Barrie Street, Room 3109C BioSciences Complex. Email: manager.biology@queensu.ca.

FIPPA Statement form 4: 2020 02 20

PAID
(Stamp below)

Staff Member: _____

NOTE: A processing fee of \$25.00 will be applied to any NSF cheques that are returned to the Biology Department regardless of the date the cheques are processed.

Key Return

Please Print Clearly

CURRENT MAILING ADDRESS: _____

NON-QUEENS EMAIL: _____

List of keys being returned:

Prox card Returned? Yes No Card #: _____

Date: _____ Staff Rec'd: _____

Refund Processed? Yes No Reason (if applicable): _____