

Room Occupancy Change Form

This form is to be completed any time someone is making a room change. This would include moving into a room, moving out of room, working in lab in addition to a office. No key will be issued or lock code given without a completed form. A form should be completed when returning a key.

Date of Move:

Today's Date:

Moving to Room:

Moving out of Room: (If applicable)

Will this be your primary office/lab?: Yes No

If No, what room is your primary office/lab?:

Last Name:

UF ID:

First Name:

Email:

Middle Initial/Name:

Your Cell Phone Number:

Please use the name on your Gator One Card

Faculty Advisor:

Degree Status:

Position Title:

For all Research Assistants, please provide the following:

Project Number supporting your research:

Student Signature

Dr. Ranka Approval

Processed by Rachel

**NOTE: Student UFID
is CONFIDENTIAL**