Carl R. Woese Institute for Genomic Biology Exit Form

Please complete this form and return to kmillage@igb.illinois.edu or IGB room 1601 ONLY if leaving the IGB permanently.

Name:			
UIN:			
Netid:			
Faculty Sponsor:	_		
Job Title:			
IGB Departure Date:			
Contact information for future correspondence	e:	Home	Business
Street Address:			
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Zip:			
Phone: Home Business Cell	Email:		
Resignation Other			
Checklist for departure activities - please initi			
Complete Exit Form and return to IGB	(required)		
Return office keys to IGB Receptionist i	n 1601 IGB (requi	red)	
Return desk key(s) to Theme Secretary ((if applicable).		
Theme Secretary Name:			Initials:
Check with Computer and Network Gronetwork, printing services, email account			regarding Institute-related computing
Return office & lab equipment with you	r research theme. (i	f applicable)	
Lab Safety Checkout (if applicable)			
Forward UIUC email (optional) - you m to another existing email address for one			
Subscribe to the IGB mailing list (i.e., m		er) at:	