

Building and Laboratory Access Request Form

All persons who will be teaching, conducting research, or working in any UAA laboratory should complete this form for initial swipe-card access. Contact Lab Support or your Building Manager should your access needs change.

Please read the Building Access Policy and Controlled Space Access Plan before completing this form.

Access will be granted with the completion of appropriate, documented training.

Print Applicant Name: _____

UAA ID#: _____

Print Supervisor Name: _____

Status (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> PI (Principal Investigator) | <input type="checkbox"/> Adjunct Instructor | <input type="checkbox"/> HS Student |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Post Doc | <input type="checkbox"/> Minor (under 18) |
| <input type="checkbox"/> Affiliate Faculty | <input type="checkbox"/> Staff/ Employee | <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Visiting Faculty | <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Term Instructor | <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Other |

Building(s) Access (check those that apply). List room numbers for each building for which you are requesting access.

BMH _____

EBL _____

CPISB _____

NSB _____

Starting Date: _____

Ending Date: _____

Access hours requested:

- 24 hour/7 days
 7am-10pm/ 7 days
 7am-10pm M-F
 8am-5pm M-F

Applicant: I acknowledge reading, understanding, and agree to abide by the Laboratory Access Policy. I also agree to abide by all other pertinent UAA policy and procedures.

Signature: _____

Date: _____

Supervisor: By signing this document, I have made clear to the applicant that they will abide by all pertinent UAA policy and procedures.

Signature: _____

Date: _____