



Division of Science Electronic Lock Access Request

(Fill out form, sign and bring to MR-1320)

Date: _____ ID No. : _____

Name: _____ PI* Name: _____

Room No(s). to access : _____

Department /
Core Facilities (C/F): _____

Contact Information

User Phone : _____ PI* Phone: _____

Email: _____ PI* Email: _____

Check each after reading:

- ▶ I understand that all room access credentials (code &/or card) are for my use only
- ▶ I will not sell, give or lend room access credentials to anyone
- ▶ If the credentials include a proximity card, I will immediately inform The Office of the Division of Science if I lose the card (\$5 replacement charge applies)
- ▶ If the credentials include a proximity card, I will return the card to The Office of the Division of Science upon my separation from the college

User Signature: _____

Chair /
C/F Manager(s)
Signature(s): _____

* PI = Principal Investigator

----- **FOR OFFICIAL USE ONLY** -----

Prox Card Issued On (Date): _____ By (Inits): _____ Deposit Amount (If Any): \$ _____

Approved by Environmental Health and Occupational Safety: _____

(EHOS Director Inits. Or "N/A")