

AccessCard Request Form

Date of Request: _____

AccessCard requested for (Please print) _____
Last name First name Initial

Department: _____ Office Address: _____

Telephone: _____ Fax: _____ Pager/Cell: _____

FOR BRL ACCESS ONLY

Principal Investigator (Please print): _____ Protocol #(s): _____

- Establish a NEW Principal Investigator.
- ADD personnel to an existing Principal Investigator.
- CHANGE specific room access and/or access time.

• Add room(s): _____ Delete room(s): _____

- Remove the above listed cardholder.

FOR ALL OTHER COLLEGE OF MEDICINE ACCESS

Facility (check one)

- CSAB only
- MSB only
- CSAB & MSB

Status (check one)

- Faculty (COM Dean's Office approval required)
- Staff (COM Dean's Office approval required)
- Post Doctoral (COM Dean's Office approval required)
- Graduate Student (Graduate Office approval & Student ID# required) Student ID number: _____
- Medical Student (COM Academic/Student Affairs Office approval & Student ID# required) Student ID number: _____
- Other _____

- Do you currently hold an AccessCard issued by another department or authorized agent? Yes No
- I authorize the issuance of an AccessCard to the above individual. I also assume responsibility for the retrieval of AccessCards from employees leaving my area of supervision: _____ Account #: _____

Proper Authorization Signature and Account # Required

Under no circumstances may this AccessCard be used by anyone other than the individual to whom it is assigned.

If the individual being issued this card leaves the employment of the University of South Alabama or the supervision of the Principal Investigator named above, or no longer requires access to the MSB, CSAB or the BRL, the AccessCard must be returned to the appropriate Authorized Issuing Agent as soon as possible. If the AccessCard is lost or stolen, immediately notify both the Department of Comparative Medicine (460-6239) and the USA Campus Police (460-6312). A charge of \$20.00 will be assessed for replacement AccessCards.

AccessCard Issued by: _____ Date issued: _____
Authorized Issuing Agent

AccessCard received by: _____ Date received: _____
Signature of cardholder

FOR OFFICIAL USE ONLY

Key #: _____ AC#: _____ AC Name: _____

Date Added: _____ By: _____

Date Deleted: _____ By: _____

Reason: New Lost Stolen No longer in Department/Program Malfunctioning Other _____