

Access Request Form

MSB, BRL and CSAB

Date of Request: _____

AccessFob Requested for (Please Print) _____
last name *First name* *Initial*

Department: _____ Office Address: _____

Telephone: _____ Fax: _____ Pager/Cell: _____

ANIMAL PROTOCOL ACCESS ONLY (BRL VIVARIUM)

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

Establish a NEW Principal Investigator. ADD personnel to an existing Principal Investigator

CHANGE specific room _____ Delete room(s): _____
Add room(s)

IACUC Training Has Been Received {Required for BRL Access}

Biosafety Training Has Been Received {Required for BRL Access} JNumber: _____

Remove the above listed Fob holder from Protocol(s)

BUILDING ACCESS (MSB, CSAB)

Status (check one) _____ J Number: _____

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)

Medical Student (COM Academic/Student Affairs Office approval & Student ID# required)

Other (Specify), _____

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

Proper Departmental Signature and Account # Required

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

If the individual being issued this Fob 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 AccessFob must be returned to the appropriate Authorized Issuing Agent as soon as possible. If the AccessFob 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 AccessFob_

AccessFob Issued by: _____ *Aulhon'zed Issuing Agent* Date issued: _____

AccessFob Received by: _____ Date received: _____
Signature of cardholder

FOR OFFICIAL USE ONLY

Fob#: _____ Group#: _____ Group Name: _____

Date Added: _____ Programmed By: _____

Date Deleted: _____ Deleted By: _____

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