

# 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: \_\_\_\_\_ *Authorized 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 \_\_\_\_\_