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**AUTHORIZATION/PERMIT
DEPARTMENT OF COMPARATIVE MEDICINE
ANIMAL FACILITY**

This serves as authorization/permit to:

Photograph Videotape Other(s)

Name (Requestor):	Phone No.	Fax No.
Name (PI):	Phone No.	Fax No.
Department:	Box No.	
Protocol Name:		
Protocol Number:		
Protocol Expiry Date:		

Reason:
Location of DCM Facility:
Date(s) Permit Needed:

FOR DCM USE ONLY --- *Validity of Permit:*

Please note that there is no objection to taking photographs or videotaping for educational or scientific purposes. Our primary concerns are that photographs or videotapes be taken only for scientific or instructional reasons and that they not be in poor taste aesthetically. In order to prevent unauthorized personnel from entering the facilities and taking photographs or videotaping for malicious use, only individuals with written authorization may bring cameras into the animal housing areas.

PLEASE CARRY THIS DOCUMENT WITH YOU WHEN YOU BRING YOUR PHOTO/VIDEO EQUIPMENT INTO THE ANIMAL FACILITY. NOT VALID WITHOUT THE SIGNATURE OF DCM CHAIR OR DESIGNEE.

Thank you for your cooperation.

APPROVED BY:

H. Denny Liggitt, D.V.M., Ph.D.
Professor and Chair

Date: ____/____/____

COPY DISTRIBUTION: **Original** – DCM Main Office, **Yellow** – Requestor, **Pink** – DCM Animal Facility Manager