

SLU Access Card Request Form

Please Return Completed Form to Reception Services or Fax to 206-543-4416

Last Name:		First Name:		Middle Initial:
Personnel Type:	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Temporary Staff *	<input type="checkbox"/> Research Scientist <input type="checkbox"/> Graduate Student* <input type="checkbox"/> Post-Doc <input type="checkbox"/> Undergraduate Student*	<input type="checkbox"/> Vendor* Company Name	
Lab / Unit:		Job Title:		Room #
Best Phone #		Email:		
Expiration Date*		<input type="checkbox"/> New Card	<input type="checkbox"/> Replacement Card	<input type="checkbox"/> Access Change

Date & Time Access Authorization

X	Days Authorized		X	Time Authorized
<input type="checkbox"/>	M – F and Weekends		<input type="checkbox"/>	24 hours per day
<input type="checkbox"/>	M – F only		<input type="checkbox"/>	6 AM – 6:30 PM
<input type="checkbox"/>	Other			

Floor Access Rights

<input type="checkbox"/>	Administration Building, Floor(s)	<input type="checkbox"/>	MRI (Radiology Authorization Required**)
<input type="checkbox"/>	Research Buildings	<input type="checkbox"/>	Proteomics Lab (Genome Sciences Authorization Required**)
<input type="checkbox"/>	Parking Garage	<input type="checkbox"/>	HESC (HESC Authorization Required**) Room #
<input type="checkbox"/>	Parking Garage Bicycle Door	<input type="checkbox"/>	Vivarium (Vivarium Authorization Required**)

Principal Investigator/Unit Manager (Sign)	(Print)	Date:
** Other Required Signature (Sign)	(Print)	Date:

Card #:	Date Issued:
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Cardholder agreement:

- I understand that this card is not to be loaned or transferred to another person and that unauthorized transfer may result in administrative and/or disciplinary action.
- I agree to return any card in my possession upon termination, retirement, or separation of employment.
- I understand that in the event of loss or damage a \$20 deposit will be required for each replacement card requested.

NOTE: Photo ID will be required to obtain card.

Cardholder Signature:	Date:
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