

CHEMISTRY AND BIOCHEMISTRY - Building Access Request Form

SECTION 1: Account Holder Activation Dates

Last Name: _____ First Name: _____ Student ID #: _____

WLU Email: _____ Department: _____

Nature of Position: _____ Reporting to: _____
(Grad St.; PDF; Res. Asst.; etc.)

Start Date: _____ End Date: _____

SECTION 2: Deposit (Cash required) A refund will be processed when fob/keys are returned.

\$50 Key(s)/FOB deposit received by: _____ Date: _____

Applies to: graduate/undergraduate students (n/a: PDF, research associate/colleagues, visiting professor, etc.)

SECTION 3: Required One Card & FOB Access

FOB:

Science Bldg (Y/N): _____ Science Research Centre: _____ 2nd floor, _____ 3rd floor, _____ 4th floor

FOB ID number: _____

ONE CARD:

BA303B (Postdocs; 227) _____; Photocopier Room (N3012; 38) _____; BA303A (CAS; 226) _____

SECTION 4: Required Keys

Room Number: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Key ID Number: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

SECTION 5: Authorization

*I have read and will comply with the terms of Laurier's Working Alone Policy (7.15). I will follow safe lab practices as outlined in relevant university policies and established practices for laboratory environments.
I will not use my access privileges to permit others to the Science Facilities.*

Student Signature: _____ Date: _____

Faculty Member Signature: _____ Date: _____

For Department Use Only:

Signed out Input/Activation: _____ Date: _____

Extension Date(s): _____

Deactivated by: _____ Returned/Deactivated Date: _____