LAURIER
Faculty of Science

PHYSICS & COMPUTER SCIENCE - 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:
_____;   _____;   _____

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: _____