



DCRC Secure Location Request Form

(PLEASE PRINT LEGIBLY AND FILL IN ALL REQUIRED * SPACES)

Date:

* Name (Last / First / M.)	* Pawprint/SSO ID (first part of E-mail)
* Planned Duration for access <input type="checkbox"/> < 30 days <input type="checkbox"/> Semester <input type="checkbox"/> 6mths+ <input type="checkbox"/> 1 yr+	* Requested Rm #'s for Keys
Building	
* Cardswipe <input type="checkbox"/> None <input type="checkbox"/> 24x7 <input type="checkbox"/> 8-5 <input type="checkbox"/> 7:30 – 5:30 <input type="checkbox"/> Custom from: _____ To: _____	Animal Facilities (requires animals' proxy signature if different from your PI) Rooms: _____
Keys Issued	Phenotype and Image Cores <input type="checkbox"/> Vevo <input type="checkbox"/> Anymaze <input type="checkbox"/> Telemetry <input type="checkbox"/> Speckle <input type="checkbox"/> 209 (Leica, Imaris, Fluoview) <input type="checkbox"/> Other: _____
Authorization Signature (can be PI, Sponsor or DCRC designated person for specific lab/sponsor. If Multiple Labs or Animal resources, need Multiple Signatures)	
Print PI/Sponsor Name:	PI/Sponsor Sig.
ACCEPTANCE OF RESPONSIBILITY – Signature required by the individual receiving access You will NOT give or loan out your key(s) to anyone. You will not grant access to anyone that you do not escort/take responsibility for to ANY restricted area. Failure to return at end of service or reporting of lost keys will invoke a per key fine; a portion of the cost to re-key which is triggered pending # of lost keys for a given area. !! Substantial additional costs may be incurred if re-keying is required due to lost/unreturned key(s) !!	
Sign Name:	

*ALL undergrad & temporary personnel must have special written permission by DCRC director to be issued keys or obtain restricted area access.