



# DCRC Secure Location Request Form

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

Date: \_\_\_\_\_

<b>* Name</b> (Last / First / M. )	<b>* Pawprint/SSO ID</b> (first part of E-mail)
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<b>* Planned Duration for access</b> <input type="checkbox"/> < 30 days <input type="checkbox"/> Semester <input type="checkbox"/> 6mths+ <input type="checkbox"/> 1 yr+	<b>* Requested Rm #'s for Keys</b>
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<b>* Cardswipe</b> <b>Building</b> <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: _____	<b>Animal Facilities</b> (requires animals' proxy signature if different from your PI) <b>Rooms:</b> _____
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<b>Keys Issued</b>	<b>Phenotype and Image Cores</b> <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: _____
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**Authorization Signature**  
*(can be PI, Sponsor or DCRC designated person for specific lab/sponsor, If Multiple Labs or Animal resources, need Multiple Signatures)*

<b>Print PI/Sponsor Name:</b>	<b>PI/Sponsor Sig.</b>
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**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) !!

<b>Sign Name:</b>
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\*ALL undergrad & temporary personnel must have special written permission by DCRC director to be issued keys or obtain restricted area access.