



College of Science and Health

Research Support Facility Access Request Form

Date of Request: _____

REQUESTOR INFORMATION - Requests for adding and removing access are to be completed by the direct supervisor of the individual i.e. Chair, faculty researcher (for student requests)

Name of Supervisor

DePaul ID #

Primary Phone Number

Email Address

INDIVIDUALS TO BE GRANTED RSF ACCESS		PI	Student Researcher
Name (Last, First)	DePaul ID #	Email Address	Phone Contact

TYPE OF REQUEST	Door ID Access (Room 153)	Key Request
NOTE - Door ID access to McGowan North will need to be requested via the Biology Access Request Form		

I ASSURE THE FOLLOWING:

Requested personnel will complete an RSF orientation with the RSF Director before being granted RSF access.

Personnel being requested for RSF access will complete all necessary PI protocol trainings.

Personnel being requested are already approved on an IACUC protocol.

All personnel being requested are aware that a violation of these policies may result in revoked access to the RSF facility and the loss or failure to return keys will result in a \$50 fine.

Signature of Requester

SAVE THIS DOCUMENT PRIOR TO SUBMITTING BY EMAIL OR PRINTING THE FORM. If you don't, the information will not save and you will not have a copy for your files.

FOR ADMINISTRATIVE USE ONLY:

Access Provided or Removed For:					
Name	Type of Access (Key or swipe)	Date Orientation Completed	Date Access Granted	Date Access Removed	Staff Initials

Key Return Date: