



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: