

Last Name: \_\_\_\_\_

## UCARD - DOOR ACCESS REQUEST

E-mail **SIGNED** and completed form to [bme-access@lists.utah.edu](mailto:bme-access@lists.utah.edu) or deliver to SMBB 3100.  
 You will be notified via e-mail when your access is granted.

This key is for:

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Student     |
| <input type="checkbox"/> Staff   | <input type="checkbox"/> Other _____ |

First Name: \_\_\_\_\_ Request Date (mm-dd-yy): \_\_\_\_\_

Last Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

uID: \_\_\_\_\_ Card number (2\* / 2+): \_\_\_\_\_

E-mail address: \_\_\_\_\_

I'm requesting card access to:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>BPRB</b> [After-hours building access]                      | <input type="checkbox"/> <b>SMBB 4534</b> [Shared Office/Sundance Room]                 |
| <input type="checkbox"/> <b>SMBB</b> [After-hours building access]                      | <input type="checkbox"/> <b>SMBB 4800</b> [Dorval/Kubanek/Rabbitt Labs]                 |
| <input type="checkbox"/> <b>MEB</b> [After-hours building access]                       | <input type="checkbox"/> <b>SMBB 4864</b> [Hitchcock/Tresco/Yu Labs]                    |
| <input type="checkbox"/> <b>SMBB 3220</b> [BME Main Office]                             | <input type="checkbox"/> <b>SMBB 5<sup>th</sup> floor</b> [Elevator/stairs access only] |
| <input type="checkbox"/> <b>SMBB 4<sup>th</sup> floor</b> [Elevator/stairs access only] | <input type="checkbox"/> <b>SMBB 5340</b> [Bowles/Deans/Ghandehari/<br>Kramer Labs]     |
| <input type="checkbox"/> <b>SMBB 4340</b> [Tresco Lab]                                  |   |

Reason(s): \_\_\_\_\_

I acknowledge that I have read and understand the conditions of key responsibility as outlined in the BME Department Access Policy and the University of Utah Key Policy 3-234, including the following:

- I will not lend my UCard to anyone any at any time.
- I will notify the department when the class or my employment terminates.
- If my card is lost or damaged, I will notify the department immediately.
- I understand violations of any of the above may lead to my suspension or termination from the University.

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Approving Faculty/Staff Name (print) \_\_\_\_\_

Approving Faculty/Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

*For department use only*

- |   |            |                      |
|---|------------|----------------------|
| <input type="checkbox"/> Access Granted | Date _____ | Staff Initials _____ |
| <input type="checkbox"/> Access Removed | Date _____ | Staff Initials _____ |