

UCARD - DOOR ACCESS REQUEST

E-mail **SIGNED** and completed form to 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"/> BPRB [After-hours building access] | <input type="checkbox"/> SMBB 4800 [Dorval/Kubanek/Rabbitt Labs] |
| <input type="checkbox"/> SMBB [After-hours building access] | <input type="checkbox"/> SMBB 4864 [Hitchcock/Tresco/Yu Labs] |
| <input type="checkbox"/> MEB [After-hours building access] | <input type="checkbox"/> SMBB 5th floor [Elevators #2, #3, & Stairs] |
| <input type="checkbox"/> SMBB 3220 [BME Main Office] | <input type="checkbox"/> SMBB 5340 [Bowles/Deans/Ghandehari/
Kramer Labs] |
| <input type="checkbox"/> SMBB 4th floor [Elevators #2, #3, & Stairs] | <input type="checkbox"/> SMBB 1st floor [Elevators #1] |
| <input type="checkbox"/> SMBB 4340 [Tresco Lab] | <input type="checkbox"/> SMBB 1st floor [Elevator #2, & Stairs] |
| <input type="checkbox"/> SMBB 4534 [Shared Office/Sundance Room] | |

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

Access Granted Date _____ Staff Initials _____

Access Removed Date _____ Staff Initials _____