

ACCESS REQUEST/APPROVAL TO D.L.A.R. ANIMAL AREAS

Please print

Last Name: _____

First Name: _____

Department/Company: _____

Phone #: _____

Lab/Office Address: _____

Requesting access to the following animal area (circle all that apply):

BBSRB

Med Ctr/Combs/CAF

Pharmacy

Sanders–Brown

Sheep Area

Signatures:

Applicant: _____

Supervisor: _____ Name (printed): _____

----- **Stop Here** -----

Red DLAR tag issued by _____

Date: _____