

# MEDICAL CENTER SECURITY ENTRY CARD APPROVAL FORM FOR ENTRY INTO DLAR

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*Please print*

UK Person ID #: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_  
Investigator Name: \_\_\_\_\_ Office/Lab Room #: \_\_\_\_\_  
Protocol #(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am not to loan my badge to anyone, or use any badge other than my own. In the event I am involved in the confiscation of a badge for either reason, I understand that I have violated my access approval, and my privileges will be revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- **Stop at this line** -----

**For Short-Term Access only:** Effective Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Access levels required  
(check all that apply):**

- 0 Med Ctr/CAF/Combs
- 1 HSRB hallway
- 2 NHP area
- 3 Surgery
- 4 DLAR Med Ctr North hallway
- Sheep Area—Always
- Sheep Area—Scheduled Hours  
(M–F 6:30–4:30; weekends 7–1)

**To be completed by DLAR  
Business Office personnel only:**

- Employee Education Program Form
- Animal Worker Questionnaire
- Approved in eSirius

Reason for Access: \_\_\_\_\_  
\_\_\_\_\_

**Approved signatures:**

DLAR Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Security Coder: \_\_\_\_\_ Date: \_\_\_\_\_

Security System Admin: \_\_\_\_\_ Date: \_\_\_\_\_