



Animal Facility Security CARD ENTRY DATA FORM

(Please supply the following information. Please print clearly.)

Date Submitted: _____

Select UT Status that applies:

____ Faculty/Staff/UT Friend - *Personnel ID #: _____ UT Student - ID #: _____

Last Name: _____ **First Name:** _____ **MI:** _____

Campus Phone No: _____ **Home/Cell Phone No:** _____

Project Director's Name: _____ ****Protocol Number:** _____

Requested area(s) for access:

Please note—Loaning of an ID or facilitating access to LACU facilities or other a restricted areas by unauthorized persons is prohibited. Your signature below indicates you have read the UTHSC LACU Policy on Access to Animal Facilities and agree to comply with all provisions.

Signature of Applicant

Approval- Project Director

Date

*Contact your department business manager for this number. It is not the number printed on your ID Badge

**All personnel must be listed on an approved protocol for access. To add personnel to a currently approved protocol, an amendment must be submitted to the IACUC. Contact the UT IACUC (448-3904) for amendment forms and assistance.

FOR LACU USE ONLY:

Date Received: _____

Date Encoded: _____

Building Access: _____

Encoded By: _____

LACU Orientation Date: _____