

# Physical Sciences Complex User Key/Card Access Request Form

This access request form and accompanying instructions must be used for new students, staff or faculty in order to gain key or card access to buildings within the Physical Sciences Complex (Baker, ST Olin, Clark Hall, Physical Sciences, Rockefeller Hall). Keys must be obtained and signed for in person with the Key Custodians listed in Section 4 below.

## Section 1: User Information

|                                    |   |   |  |
|------------------------------------|---|---|--|
| <b>Last Name</b>                   |   | <b>Net ID</b>   |  |
| <b>First Name</b>                  |   | <b>7-Digit Cornell ID#</b>                                    |  |
| <b>Job Title</b>                   | <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Post Doc <input type="checkbox"/> Faculty<br><input type="checkbox"/> Research Associate <input type="checkbox"/> Visiting Faculty/Student <input type="checkbox"/> Staff |   |  |
| <b>Department</b>                  | <input type="checkbox"/> Chemistry & Chemical Biology <input type="checkbox"/> Physics <input type="checkbox"/> LEPP <input type="checkbox"/> LASSP <input type="checkbox"/> AEP<br><input type="checkbox"/> Building Care <input type="checkbox"/> Other (please specify):                 |   |  |
| <b>Lab Group/<br/>Faculty Name</b> |   | <b>Office/Lab Room Number</b>                                 |  |
| <b>Phone<br/>Number</b>            |   | <b>Expected Completion Date<br/>(must enter for students)</b> |  |

## Section 2: Key Authorization

Keys or card access will not be issued until authorized below by individual's supervisor or department representative

|                                 |                             |
|---------------------------------|-----------------------------|
| <b>Authorizing Name (print)</b> | <b>Signature &amp; Date</b> |
|                                 |                             |

## Section 3: Training Verification

Keys or card access will not be issued until completion of required training is verified below by the individual's department Learning Group Administrator (LGA)

|                                 |                             |
|---------------------------------|-----------------------------|
| <b>Authorizing Name (print)</b> | <b>Signature &amp; Date</b> |
|                                 |                             |

## Section 4: Key/Card Access Transaction Log

|  |                                   |   |                        |                               |
|--|-----------------------------------|---|------------------------|-------------------------------|
| For Baker Lab/ST Olin see Sharon Van De Mark in 120 Baker Lab, X5-3642 |                                   | For Clark Hall see Robert Kenyon in G22 Clark Hall, X5-5079     |                        |                               |
| For PSB see Tracy Davenport in G72 PSB, X5-1023                        |                                   | For Rockefeller Hall see Eric Banta in B27 Rockefeller, X5-6034 |                        |                               |
| <b>Key #</b>   | <b>Rooms Accessed by this key</b> | <b>Date</b>   | <b>User Signature*</b> | <b>Supervisor Signature**</b> |
|  |                                   |   |                        |                               |
|  |                                   |   |                        |                               |
|  |                                   |   |                        |                               |
|  |                                   |   |                        |                               |
|  |                                   |   |                        |                               |
| <b>Card Access</b>   | <b>Rooms in this Access Level</b> | <b>Date</b>   | <b>User Signature*</b> | <b>Supervisor Signature**</b> |
|  |                                   |   |                        |                               |
|  |                                   |   |                        |                               |

\*By signing this form, I agree to the requirements and responsibilities set forth in Cornell Policy 8.4 – Management of Keys and Other Access Control Systems. Specifically, I agree to: 1) Maintain control of issued access control devices, 2) Prevent unauthorized use or duplication of access control devices in my possession, 3) Relinquish access control devices when I no longer need them or I am no longer authorized, 4) Immediately notify my supervisor and the Key Control Coordinator or Associate Key Control Coordinator of a lost or stolen key.

\*\*Additional keys or card access requested after the initial key issuance must be authorized by the signature of the space supervisor or department. This block can be marked "NA" for initial key issue.

|                     |                   |              |
|---------------------|-------------------|--------------|
| <b>Key Deposit:</b> | <b>Amount: \$</b> | <b>Date:</b> |
|---------------------|-------------------|--------------|