

The University of Texas Health Science Center at San Antonio Lab Animal Resources Access/Key Request Form

Last Name _____ First Name _____ MI _____

Contact E-Mail _____ ID # _____ Request Date _____

Department _____ Dept Code _____ Dept Phone # _____

Card Reader Access Information

Department Completes								
Bldg #	Room	Timeframe	Bldg #	Room	Timeframe	Bldg #	Room	Timeframe

Metal Key Information

Department completes			Recipient completes at time of pick up		Police use	
Bldg #	Room	Core #	Signature	Date	Key #	Peg #

Refer to HOP 8.7.9 for the definition of Authorized Signature
Authorized Signature & Date
Digital Signature (includes date & time)
Digital Signature
Digital Signature

I acknowledge receipt of the above listed Keys/Access and agree to adhere to University Hop policies 8.7.9 and 8.7.12

LAR Access/Keys required

If LAR Access or Keys are required, please complete the DLAR Form on page 2.

UT Police use only

Date department notified for access/key pick up _____ Phone E-mail

Person notified _____

Employee Student Other _____ Deposit Yes No

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Lab Animal Resources Access/Key Request Form**

Last Name _____ First Name _____ MI _____
Contact E-Mail _____ ID # _____ Request Date _____
Department _____ Dept Code _____ Dept Phone # _____

Principal Investigator _____

Protocol(s) that Requestor is Listed on _____

- IACP Training Complete? No Yes
- DLAR Training Complete? No Yes

Notes:

DLAR use only

Verification of IACP Training provided by _____ Date _____

Verification of DLAR Training provided by _____ Date _____

Date request received by DLAR _____ Date approved _____

Verification of Protocol Date _____