

UT Health San Antonio LAR Card Access Request Form

Last Name _____ First Name _____ MI _____

Contact E-Mail _____ ID # _____ Request Date _____

Department _____ Dept Code _____ Dept Phone # _____

Card Reader Access Information

Department Completes

Building Name	Room	Schedule	Building Name	Room	Schedule	Building Name	Room	Schedule

Notes:

Principal Investigator _____

Protocol #(s) that requestor is listed on _____

- DLAR Training Complete? No Yes

LAR Approval Signature & Date
Digital Signature (includes date & time)

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

DLAR use only

Verification of DLAR Training provided by _____ Date _____

Date Protocol Verified _____

UT Police use only