**BRIC/SAI Access Request Form**

*Please complete form in its entirety and submit to BRIC/SAI Facility Director or Designee. You must show a current picture I.D. to complete this transaction.* **\*REQUIRED INFORMATION, INCOMPLETE FORMS WILL NOT BE PROCESSED**

1. Do you have an existing Medical School Photo ID? Yes No Badge Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \*PID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \*Legal Name: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial \_\_\_\_

4. \*Name to be Printed on ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Maximum 31 characters) (Credentials/only two)

5. Title/Position printed on ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Maximum 20 Characters)

6. \*Department Name printed on ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Maximum 25 Characters)

7. \*Principal Investigator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check which access is needed below for Marsico Hall:

|  |  |  |
| --- | --- | --- |
|  | **Access Choices** | **Card reader granted** |
|   | SAI Facility Entrance | 287-4; 287-8; 288-4; 288-8; 284-7; 267-2, 267-3, 268-2 |
|   | SAI Procedure Room 1 (general) | 313-13 |
|  | SAI Procedure Room 2 (laser) | 313-14 |
|   | SAI  Staff Room 224 | 313-5 |
|   | SAI Optical | 313-6 |
|   | SAI CT imaging | 313-15; 313-8 |
|   | SAI Nuclear imaging | 287-7; 313-7 |
|   | SAI Ultrasound | 313-8 |
|   | Loading Dock | 261-1; 261-2; 261-3; 261-4; 261-5; 261-6; 262-4; 262-6; 263-3; 263-4; 306-3; 306-4 |
|   | SAI Fifth floor Entrance | 300-1; 300-2; 300-4; 301-1; 301-2; 301-3 |

**\*Access is granted for 1 year. Access will expire on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorized Signature Date Phone Number

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Signature Date Phone Number