



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	AL1590
	SAI Procedure Room 1 (SB230)	AL1591
	SAI Procedure Room 2 (SB231)	AL1592
	SAI Staff Room (SB 224)	AL1593
	SAI AMI-Vevo F2 (SB223)	AL1594
	SAI DEXA-Cryostat (SB225)	AL1595
	SAI Nuc Imaging (SB227-228)	AL1596
	SAI Spectrum-GX2 (SB229)	AL1597
	Loading Dock	AL1544
	SAI Basement Hallway	AL052

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

* _____ * _____ * _____
Authorized Signature Date Phone Number

* _____ * _____ * _____
Employee Signature Date Phone Number