Security Access Request Form

Name of Person Requesting Access: _____
Title (Faculty, Staff, Student, Visitor): _____
Email Address: _____
Phone Number: _____
Over the age of 18: (circle one) Yes No

Frequency of Access (Check all that apply)

Building	Room Numbers (List all rooms)	Monday-Friday		Weekends		Holidays	
		8:00am-4:30pm	4:30pm-8:00am	8:00am-4:30pm	4:30pm-8:00am	8:00am-4:30pm	4:30pm-8:00am
Kakaako		☐	☐	☐	☐	☐	☐
Biomed		☐	☐	☐	☐	☐	☐

How long will you need access to the facility _____

Approved protocol this person is on _____**(protocol #)**
If no protocol is given or the protocol listed is incorrect, it is the submitters responsibility to determine the correct protocol number. If you feel that you are on the protocol, please contact Denise Yee at deniseye@hawaii.edu to confirm. Please note AVS will not give access unless the submitter is on an approved IACUC protocol.

Principal Investigator for the project

_____ _____ _____
PI Name **Email Address** **Phone Number**

_____ _____
Signature of PI **Date**

In order to prevent a noncompliance, AVS is limiting vivarium access to faculty, staff and students on an approved protocol or visitors/visits coordinated with PI's through AVS. Please contact halljn@hawaii.edu or dtaleric@hawaii.edu to coordinate visitors. Anyone in the vivarium without proper access will be escorted out. A breach of security can result is suspension of access to the vivarium and/or building access.

Please return the form to:
Animal and Veterinary Services
651 Ilalo Street
Fax: 692-1960
Phone: 692-1401
avsofc@hawaii.edu

Official Use Only

Code Assignment (Areas) _____
Key Assignment (Rooms) _____
Cleared for Access _____ _____
Signature **Date**
Notes:
_____
_____