**Application Form for Access Control**

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| --- | --- | --- | --- | --- | --- | --- |
| Application Dept. |  | Applicant | | | |  |
| University ID |  | Contact Info. | | | |  |
| Application Reason |  | | | | | |
| Start-End Time |  | | | | | |
| Access Location | Building | | | Room No. | | |
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| User Info.  (The list can be attached) | Dept. | | Name | | University ID | |
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| Comment of Lab  (Applications for lab access in Laboratory Building should be approved by the lab admin & safety supervisor) | Approved by (Lab Admin):  Approved by (Lab Safety Supervisor):  Y M D | | | | | |
| Comment of Dept. | Approved by:  Y M D | | | | | |
| Comment of COS | Approved by:  Y M D | | | | | |