

Date: _____

SCHOOL OF MEDICINE BUILDINGS ~ CARD ACCESS REQUEST FORM

NAME: _____ STUDENT: YES ___ NO ___ PHONE #: (____) ____-____ UCSD ID #: _____

DEPARTMENT: _____ TITLE: _____ CREDENTIALS: _____ EMAIL: _____

NAMES OF PI & LAB MANAGER (Required): _____

SIGNATURE OF PI/LAB MANAGER or SUPERVISOR (Required): _____

PHONE NUMBER (Required): (____) ____-_____

ACCESS BEING REQUESTED:

BSB: 1st Floor Main Doors + _____

CMM- E: 1st Floor Main Doors + _____

CMM- W: 1st Floor Main Doors + _____

LEICHTAG: 1st Floor Main Doors + _____

MTF: 1st Floor Main Doors + Exterior Elevator _____

SKAGGS: 1st Floor Main Doors + _____

STEIN: 1ST Floor Main Doors + _____

Additional Access (offsite locations, etc.): _____

Expiration Date of Access: _____ / _____ / _____

Hours of Operation are 8:00AM to 12:00PM, Mondays and Fridays. Office # (858)822-7926 & Fax # (858)534-3807.

Email: medsecurity@ucsd.edu. There is a \$35 replacement fee for all lost or damaged badges.

For additional access or access trouble please call (619) 543-3762.

The building access card can be obtained at the Health Sciences Campus Card Office located in the basement of the BSB Library, Room B315. You will need to **bring your campus ID card and this form** signed off by a PI/Lab Manager or Supervisor.