

Today's Date: _____

SCHOOL OF MEDICINE BUILDINGS ~ CARD ACCESS REQUEST FORM

NAME: _____ STUDENT: YES ___ NO ___ (If yes, Graduate _____, Undergraduate _____, Visiting Graduate _____, Visiting Scholar, _____ Visiting Researcher)

Visiting Appointments: End date of vist: _____

PHONE #: (____) _____ - _____ UCSD ID #: _____ DEPARTMENT: _____ TITLE: _____

CREDENTIALS (i.e. MD, PhD): _____

EMAIL: _____

NAMES OF PI & LAB MANAGER (Required): _____

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

WORK PHONE NUMBER (Required): _____

ACCESS BEING REQUESTED

W.M. Keck Building

BSB 1st Floor Main Doors Room 246 Room 247

Additional Access (Offsite Locations, Medical Center, 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.

There is a \$35 replacement fee for all lost or damaged badges.

For additional access or access any trouble, please email hssecurity@ucsd.edu or call our Security Operation's Center at 619-543-3762 (24/7).

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.*