For Official Use Only:

Rec'd Date: _____ Policy E-mail:_____ Policy Rec'd: _____

Key Req #/Date: _____ List Serv Added: _____

Notified Date: _____ Pick Up Date: _____ Deactivated Date: _____

**UNLV**
**Research Facility**
4505 S. Maryland Pkwy.
Las Vegas, NV 89154-4009
http://unlv.edu/research
Phone: (702) 895-3382
Mail Stop: 4009

# VPR Research Facility Access Request Form

**Instructions:**

- This form must be TYPED, hand written changes will void the request.
- After form is filled out, delivered to the designated building administration.
- Allow up to two weeks for keys to be processed. You will be contacted when your keys are ready for pickup.
- All requests are subject to approval by building administration.

Date Form Filled Out: ☐

**BUILDING REQUEST: Request for which Building(s)?** ☐ HRC ☐ CLB3 ☐ SEB ☐ ALB

**1. PRINCIPAL INVESTIGATOR INFORMATION:**

Name: ☐ Email: ☐ Phone #: ☐

**2. KEY/CARD HOLDER INFORMATION:**

Name: ☐ Email: ☐ Phone #: ☐

NSHE ID: ☐ Dept: ☐

**3. GROUP NAME:** Other ☐

**Is this an access card RENEWAL?** ◯ Yes ◯ No

**4. EMPLOYEE TYPE:** *(select only one)*

****Note: An expiration date is REQUIRED if a Temp-Employee, Postdoc, Graduate Assistant, or Undergraduate Student.****

◯ Faculty ◯ Staff ◯ Temporary Employee ◯ Postdoc Scholar ◯ Graduate Assistant ◯ Undergraduate Assistant

Temp-Employee, Postdoc, Grad or Undergrad Asst. Contract Expiration Date: ☐

**5. KEY/CARD ACCESS INFORMATION: What form of access ?** ☐ Access Card ☐ Hard Key ☐ Furniture Key

**ACCESS CARD INFORMATION: Existing Access Card?** ◯ Yes ◯ No If *Yes*, existing **Access Card Number**: (six digits after the dash in the lower right corner on the reverse of the card) ☐

**ACCESS CARD REQUEST: Areas requesting access?** *(Check all that apply - If this is a renewal, only list NEW access points needed)*

☐ Primary Building Access ☐ Radiation Labs Corridor (HRC/CLB3 only) ☐ Freight Elevators (SEB only) ☐ Loading Dock (SEB only)

☐ Mail Room ☐ Specific Rooms or Areas:
Please indicate building ***and*** room number ☐

**HARD KEY INFORMATION and/or FURNITURE KEY INFORMATION:**

Room Number or Furniture Key Number: ☐

**Special Details**
(i.e. limit hours, limit lab access, etc.)**:** ☐

**6. SIGNATURES:**

**Principal Investigator** ☐

**Date** ☐

By signing, the Principal Investigator (PI) confirms that all appropriate safety training has been completed by the card holder for the access being requested, and the card holder is approved for access.