## TEP (BME) BUILDING ACCESS AUTHORIZATION FORM

Data Entered:							
RedCloud:							
Date	Initials						
Internal:							
Date	Initials						

		ICCLOU	Mamorization	71\11\1	Internal	1111111
					Internal:Date	Initial
	x that applies:					
	Undergraduate student					
	Graduate Student					
	Staff/Faculty					
PLEASI	E PRINT:					
First N	lame:		Last Name:			
GT_ID	NO.: <u>9</u> 0		BUZZ Card:_			
	(Front of Card)		T 11	,	k of Card)	
Home	Department:		Email:			
Office	Phone:	_Lab A	ffiliation:	Ph	one:	
annually you have Main Offi	red by the Board of Regents, p (visit: <a href="http://training.osp.gatech">http://training.osp.gatech</a> e completed the training and the ice (BME 2127) before access v	edu/). To date traino di date traino di date traino di	ne last page of the Right-To-K ning was completed. This pag tted.	now training	g is a certificate confi	rming that
□ Reco	ord Certificate Date Here:		and attach to form.			
AREA(S	S) TO BE ACCESSED:					
T	EP LABORATORIES	T	EP ADMINISTRATIVE		CORE ACCESS	
	Lab 220		TEAM West 216		Histology/Biomol	ecular
_	Lab 221	u	TEAM East 231-246		Microscopy	
	Lab 223	ш	TEAM Central 211-214		Sterilization	
	Lab 225 Lab 227					
_	Lab 228					
_	Machine Shop 215					
	1					
Faculty	Advisor/Sponsor Signature:		Print N	Jame:	(	(Required)
		Student	will be working in		lab (1	Required)
				culty Name		,
DEPOS	IT·					
All stude the key is or with a Main O <u>f</u>	ents are required to make a \$10 s lost or stolen a replacement fo a CHECK made payable to: GE ffice located in Room 2127. ( vill be refunded.	e may be ORGIA T	imposed before another key is a ECH. Please submit the comp	issigned. De oleted form a	eposits can be made w along with the deposit	oith CASH to BME's
Signatu	re:		Date:			

Room No. Accessed	Key Code	Deposit Amount/Type (CH or CA)	Date Deposit Rec'd	Initial	Date Key Returned	Date of Refund	Refund Amount	Initial