

# The University of Texas Health Science Center at San Antonio Lab Animal Resources Access/Key Request Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Contact E-Mail \_\_\_\_\_ ID # \_\_\_\_\_ Request Date \_\_\_\_\_

Department \_\_\_\_\_ Dept Code \_\_\_\_\_ Dept Phone # \_\_\_\_\_

### Card Reader Access Information

Department Completes								
Bldg #	Room	Timeframe	Bldg #	Room	Timeframe	Bldg #	Room	Timeframe

### Metal Key Information

Department completes			Recipient completes at time of pick up		Police use	
Bldg #	Room	Core #	Signature	Date	Key #	Peg #

Refer to HOP 8.7.9 for the definition of Authorized Signature
<b>Authorized Signature &amp; Date</b>
Digital Signature (includes date & time)
Digital Signature
Digital Signature

I acknowledge receipt of the above listed Keys/Access and agree to adhere to University Hop policies 8.7.9 and 8.7.12

LAR Access/Keys required

If LAR Access or Keys are required, please complete the DLAR Form on page 2.

UT Police use only

Date department notified for access/key pick up \_\_\_\_\_  Phone  E-mail

Person notified \_\_\_\_\_

Employee  Student  Other \_\_\_\_\_ Deposit  Yes  No

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Lab Animal Resources Access/Key Request Form**

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Principal Investigator \_\_\_\_\_

Protocol(s) that Requestor is Listed on \_\_\_\_\_

- IACP Training Complete?  No  Yes
- DLAR Training Complete?  No  Yes

DLAR use only

Verification of IACP Training provided by \_\_\_\_\_ Date \_\_\_\_\_

Verification of DLAR Training provided by \_\_\_\_\_ Date \_\_\_\_\_

Date request received by DLAR \_\_\_\_\_ Date approved \_\_\_\_\_

Verification of Protocol Date \_\_\_\_\_