



IMMUNOLOGY, Faculty of Medicine REQUEST & AUTHORIZATION FORM

INSTRUCTIONS: Complete form including relevant signatures. Submit to: Immunology MSB Rm 7207

Individuals who already have a Security Card/FOB assigned to them, please include your card number in the section below, your existing Building Access card will be updated.

Individuals requiring a FOB please indicate below. You will be notified by the Department when your FOB has arrived.

Change in Status: Should your employment/studies change, you must return your access card/FOB to the Department of Immunology MSB Rm 7207.

REQUESTER'S INFORMATION:	SERVICE ORDER NO.			
	Last Name	First Name		
	Department	University Status (Grad, Undergrad, Staff)	Student or Personnel #	Phone # (Cell and Lab)
	Email Address	UTORid:	Signature	

SUPERVISOR OR PRINCIPAL INVESTIGATOR'S INFORMATION:	Last Name		First Name	
	University Status		Phone Number (Office #)	
	Email Address		Signature	

IMMUNOLOGY ACCESS (CHECK ALL THAT APPLY):	New FOB Required: YES OR NO			Expiry Date: Based on Study/Work Completion		
	Existing Card/FOB Number:					
	After Hours MSB	MSB RM 7243 bIMMstro	CFI 7238 Requires Dr. D. Philpott's Signature -->			
	Ehrhardt, G. Lab	Martin, A. Lab	Watts, T. Lab	Other:	Other:	
	Gommerman, J. Lab	Mortha, A. Lab	7216-7218	Other:	Other:	
	Mallevaey, T. Lab	Philpott, D. Lab	Other:	Other:	Other:	

OTHER ACCESS REQUIRED:	FLOW MSB RM 7226 - Please see Dionne White after receiving FOB	DCM - Apply directly to DCM after receiving FOB
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Upon Receipt or Returning of Key/FOB	<i>As the sole user of this key/FOB I will not lend out to any person and agree to return the key/FOB back to the Department of Immunology prior to leaving or when access is no longer required.</i>				
	FOB Received:	Date & Initial	FOB Returned:	Date & Initial	Note:
	Keys Received:	Date & Initial	Keys Returned:	Date & Initial	Note:

OFFICE USE ONLY	Comments:	
	Request received DATE:	Processed DATE:
	FIS DOC#	SIGNATURE