DLAR Staff-PPD-Security-Vendor
Request for Access to DLAR Facilities

UK Person ID #: _____

Last Name: _____

First Name: _____

UK Badge #: _____

e-mail: _____

DLAR Staff ☐ PPD/Security ☐ Vendor ☐

I understand that I am not to loan my badge to anyone or use any other than my own. In the event I am involved in the confiscation of a badge for either reason, I understand that I have violated my access approval, and my privileges will be revoked.

_____ _____
Signature *Date*

DLAR Office Use Only

DLAR Staff

☐ MC DLAR All ENCOMPASSING

☐ Bio-Pharm Pin Code: _____

PPD and Security

☐ MC DLAR All ENCOMPASSING/ PPD/ SECURITY

☐ Bio-Pharm Pin Code: _____

Vendor

☐ MC DLAR All ENCOMPASSING

☐ Bio-Pharm Pin Code: _____

☐ _____

☐ _____

☐ _____

☐ _____

Stop Here and Submit Form

E-mail: Complete form, push sign HERE button for electronic signature save file with a new name, push submit button to e-mail.

Fax: Complete form, print, sign and fax to 859-323-6002

In Person: Complete form, print, sign and drop off in HSRB 204 (Monday-Friday 7:30-4:00)

Checklist:

☐ PIN for Bio–Pharm

DLAR Sticker: Date: _____ Init: _____

EyeLock: Date: _____ Init: _____

Database: Date: _____ Init: _____

Security: Date: _____ Init: _____

DLAR-TRG-14 Date _____

SUBMIT