

SCHOOL OF MEDICINE CARD ACCESS SYSTEM
EAST BALTIMORE CAMPUS

CLEARANCE REQUEST FORM

INTERIOR ACCESS

JHU SOM
Microscope Facility

FACILITIES MANAGEMENT:

This section to be completed by Department of Facilities Management.

CARD# _____ Expiration Date: _____

	<u>Date</u>	<u>Initial</u>	
New: _____	Entered: _____	_____	Replaces Card # _____
Add: _____	Activated: _____	_____	Replaced by Card # _____
Delete: _____	Deleted: _____	_____	
Info Change: _____			

Other Access: TTAR _____ BS _____ AAC _____ BBRC _____ RH _____ DCC _____ LK _____ MAINT _____ KKI _____
BASIC SCIENCE _____ ROSS BRIDGES _____ HSKP _____ INTERIOR _____

INDIVIDUAL TO WHOM ACCESS WILL BE ISSUED:

This section must be completed in its entirety prior to card being activated.

Name: _____
(LAST) (FIRST) (M.I.)

I.D. Badge #: _____

Department: _____

Phone Ext.: _____

Room: _____

Building: _____

Department #: *not required* _____

Status: Faculty _____ Staff _____ Student _____ House Staff _____ Fellows _____ Temporary _____

Signature: **X** _____ Date: _____

APPROVALS:

All necessary approvals must be obtained prior to card being activated.

Microscope Facility Approval: PRINT _____ Phone# _____
Administrator or Director

SIGN _____ Date: _____

Facilities Management Approval: _____ Date: _____

CLEARANCES:

Microscope Facility must initial next to each authorized clearance.

Initial

_____ **PHYMICRO** Biophysics B3 / Physiology G04A-G09 / WBSB B12-B13
24 days 7 hours per week.

To be completed by User/Applicant of Microscope Facility

Microscope Facility must approve before submitting to Facilities Management