

# Building Access Request for Animal & Avian Sciences

Name \_\_\_\_\_ Date \_\_\_\_\_

Status (circle one):    Faculty    Staff    Graduate Student\*    Undergraduate Student\*

UID Number \_\_\_\_\_ Email \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Campus Phone Number \_\_\_\_\_

Campus Address \_\_\_\_\_

Key(s) to: \_\_\_\_\_

Card access to:    \_\_\_\_\_ Wings 1 and 4 Exterior    \_\_\_\_\_ 0104 (Aquaculture Lab)

\_\_\_\_\_ 0467 (Reading Room)    \_\_\_\_\_ 0469 (Biometrics Lab)    \_\_\_\_\_ 0473 (Computer Lab)

\_\_\_\_\_ 1122    \_\_\_\_\_ 2101    \_\_\_\_\_ 2105 (Supply Center)

## Animal Research Facility (Wing 3)

Before you request access to the Animal Research Facility, please read and follow the directions below:

1. Have you attended Animal Handler training with Dr. Doug Powell? If so, please provide the date: \_\_\_\_\_. If not, you must contact Agnes McLean at [amclean@umd.edu](mailto:amclean@umd.edu) and request to be scheduled to attend an Animal Handler training session. Please provide a copy of the documentation for this training to Dr. Black before requesting access to the Animal Research Facility.
2. Have you enrolled in the Occupational Health Surveillance Program at the Health Center? If so, please provide the documentation or the date of the submission of your Occupational Health paperwork: \_\_\_\_\_. Once you have the documentation of enrollment, please provide a copy to Dr. Black. You must be enrolled before you may be granted access to the Animal Research Facility.
3. Contact Dr. Black ([ablack1@umd.edu](mailto:ablack1@umd.edu)) to schedule facility-specific training.

You will only be granted access to the Animal Research Facility once all three of the conditions above have been met.

Card access to:    \_\_\_\_\_ Ground Floor Exterior    \_\_\_\_\_ First Floor Exterior    \_\_\_\_\_ Clean Area    \_\_\_\_\_ Rodent Barrier

\_\_\_\_\_ 0326    \_\_\_\_\_ 0328    \_\_\_\_\_ 0330    \_\_\_\_\_ 0336    \_\_\_\_\_ 0344

\_\_\_\_\_ All Readers (Dr. Black's Staff Only)

## \*Supervisor's Authorization Required for Students

\_\_\_\_\_  
Supervisor's name (please print legibly)

\_\_\_\_\_  
Supervisor's signature

Reason for key or card access \_\_\_\_\_

Key should be returned on \_\_\_\_\_  
date

Card access should be deactivated on \_\_\_\_\_  
date

Return completed form to Clare Capotosto in room 1119 or send to [ccapotos@umd.edu](mailto:ccapotos@umd.edu).