

LAB ANIMAL PROGRAM KEY/FOB REQUEST FORM

NAME: _____

DAWG TAG: _____

DEPARTMENT: _____ PI: _____

PROTOCOL NUMBER: _____

SIGNATURE OF PRIMARY INVESTIGATOR: _____

SIGNATURE OF KEY/FOB HOLDER: _____

AREA(S) REQUESTED: _____

By signing this form, you agree to act according to the Vivarium Access Policy. If your fob or key becomes lost, please contact the LAP office immediately. DO NOT share keys or fobs or allow others access to the vivarium with your fob. Visitors to the vivarium must be cleared by LAP management prior to entry.

Please return this completed form by emailing to: lap@siu.edu

For Office Use Only	
Access Granted By: _____	Date: _____
Orientation Date: _____	Zone # _____