

Laboratory Access Request Form ( Room numbers \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_ )

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| Date: | Name (Last, First) | | | | | **□** Faculty  □ Staff  □ Student | SU ID # |
| School: | | | Dept. (Institute, Program, Center) | | | Telephone: | Email: |
| Mail Code: | | Start Date: | End Date: | Departmental Authorizing Signature:  Print Name: | | | |
| Permission for laboratory access is at the discretion of Stanford University School of Engineering. Your signature indicates acceptance and compliance with the terms below. | | | | | Signature: | | |

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| TERMS OF USE |

Permission for laboratory access is granted at the discretion of Stanford University School of Engineering. By acceptance and use of this code, the user is bound by the following terms.  
 1. Access is for your own use. It is not to be loaned or passed to anyone at anytime

2. Access will be revoked upon termination of employment or completion of the school term

3. Stanford University School of Engineering reserves the right to delete or restrict your access to buildings for repeated and/or serious system violations

4. Proof of satisfactory completion of required Health & Safety courses must be provided before access is given.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_