## **Security Access Request Form**

Name of Per	son Requestin	g Access:						
Title (Facult	y, Staff, Stude	nt, Visitor	·):					
Email Addre	ess:							
Phone Numb								
Over the age	of 18: (circle o	ne) Yes	No					
	Frequ	ency of A	ccess (Che	ck all that	apply)			
Building	Room Monday-Fi		/-Friday	Friday Weekends		Holidays		
	Numbers (List all rooms)	8:00am- 4:30pm	4:30pm- 8:00am	8:00am- 4:30pm	4:30pm- 8:00am	8:00am- 4:30pm	4:30pm- 8:00am	
Kakaako								
Biomed								
Divineu								
Approved prosect if no protocol is determine the consister is on Principal Inv	rotocol this persisted according to the procording to the procordinate to the procordina	rson is on otocol listed number. If y edu to confi	is incorrect, you feel that rm. Please i	you are on tl	he protocol,	onsibility to please con	ıtact	
PI Name			Email Address			<b>Phone Number</b>		
Signature of PI				Date				
on an approved lisaho@hawaii. without proper	vent a noncompled protocol or visitedu or wongmich access will be estand/or building	tors/visits co <u>h@hawaii.ec</u> corted out.	ordinated w <mark>lu</mark> to coordii	ith PI's thro nate visitors.	ugh AVS. P Anyone in t	lease conta the vivariu	act ım	
	n the form to:	•			<b>Official</b>	Use Only		
	Veterinary Se	rvices						
651 Ilalo Street			Code	Code Assignment (Areas)				
Fax: 692-1960			Clear	Key Assignment (Rooms) Cleared for Access				
Phone: 692-1	1401		Notes:		Signature		Date	