

Texas A&M University  
Department of Chemistry  
**Security Access Request**

Name: \_\_\_\_\_  
UIN: \_\_\_\_\_  
Department: \_\_\_\_\_  
Title: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_

I acknowledge that I am receiving security access to teaching, research, and office areas in the Chemistry Building, as requested below. I have made room reservations. By signing, I agree and accept the responsibility for the areas that I open and will make sure they are vacant, closed and locked before I leave. I will not give access to others except as needed to perform my duties within those areas. If I lose my *Aggie Card (student or staff ID card)*, I will immediately report the loss to 845-3335. Replacement of a lost A&M ID card is dependent upon University regulations.

I agree and accept the conditions as stated above: \_\_\_\_\_  
Signature

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Areas I am requesting access: \_\_\_\_\_ Permanent Access  
\_\_\_\_\_ Temporary Group Access Code  
\_\_\_\_\_ Temporary Card Access

Areas: \_\_\_\_\_ Outside Doors \_\_\_\_\_ Classrooms \_\_\_\_\_ Labs

What time period(s) should access include?

\_\_\_\_\_ Weekdays only \_\_\_\_\_ Weekends only \_\_\_\_\_ Everyday \_\_\_\_\_ 24 hours

\_\_\_\_\_ 7:00 am - 7:00 pm \_\_\_\_\_ 7:00 pm - 10:00 pm \_\_\_\_\_ 7:00 pm - 7:00 am

\_\_\_\_\_ Other (specify): \_\_\_\_\_

What calendar dates should access include? (i. e., 4/10/10 – 8/31/11) \_\_\_\_\_

Reason for requesting access: \_\_\_\_\_

Recommendation by (print supervisor's name): \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Signature (Required): \_\_\_\_\_

Specialized Instrumentation Training: Supervisor's Signature (NMR, X-Ray, Mass Spec): \_\_\_\_\_

**Please return this form to Chemistry Building Room 122.**

**For Office Use Only**

Completed General & Work Area Specific Hazardous Communications Program Training: \_\_\_\_\_

Employment Status in Department: \_\_\_\_\_

Room No: \_\_\_\_\_ Floor: \_\_\_\_\_ Wing: \_\_\_\_\_

Access Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Access Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Activated By: \_\_\_\_\_ Date: \_\_\_\_\_

Terminated By: \_\_\_\_\_ Date: \_\_\_\_\_