

FOR FACILITIES DEPARTMENT PERSONNEL ONLY
ANIMAL FACILITY ACCESS REQUEST FORM
BRF / KING LIFE SCIENCES / COLLEGE OF MEDICINE / PSYCHOLOGY

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO LAR
ADMINISTRATIVE OFFICE. FORM MUST BE SIGNED BY IMMEDIATE SUPERVISOR
A copy of your FSU ID card must be attached to the form.

Access will be terminated on January 15 of each year. Access Request Forms must be submitted annually.

Employee Name: _____ FSU ID CARD #: _____

E-Mail Address: _____ Campus Phone: _____

Immediate Supervisor's Name: _____

Department:

Choose one

Facilities Maintenance

Custodial Services

Facility Access Request: *Indicate all buildings with a legitimate business need to enter; pass-through access to other campus buildings does not constitute a legitimate business need.*

BRF Vivarium

COM Vivarium

King Vivarium

Psychology Vivarium

Do you currently own or have contact with pet or wild rodents or rodent carcasses?

Yes **No** (Contact lar-vets@fsu.edu if this status changes.)

Have you received and read the FSU Laboratory Animal Resources handout *Information for Non-Animal Contact Personnel?* **Yes** **No**

Individual's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Signatures indicate that the above named employee has a legitimate business need to enter the LAR maintained area(s) specified above and agrees to abide by all applicable rules, regulations and policies with regard to animal research and access to FSU vivaria.

FOR LABORATORY ANIMAL RESOURCES ONLY

DATE RECEIVED: _____

DATE PROCESSED: _____