**ATTACHMENT C**

VAPHS Research & Development Office

**APPLICATION for ACCESS to RESEARCH SECURED AREA**

**Instructions:** This form is to be used to apply for individual access to Research Secured Areas. In order to be considered for access to the secured laboratory area, the applicant must complete this form and submit it to Dana Roolf (UD, Building 30, room 1A126, 151 U, email Dana.Roolf@va.gov). Please note that the “VAPHS Request for Staff Access to Research Secured Area” must also be completed by the Principal Investigator.

Applicant’s Full Legal Name:

Home Address (no P.O. Boxes):

Date of Birth:

Place of Birth:

Gender: [ ]  Male [ ]  Female

Citizenship Status (check one): [ ]  U.S. Citizen

[ ]  Other (Attach copy of document indicating legal authority to be in U.S.)

Check the appropriate box for each item below. Any “yes” responses should be detailed in item 8.

| **Select One** | **Description** |
| --- | --- |
| 1. [ ]  Yes [ ]  No
 | I am under indictment for a crime punishable by imprisonment exceeding 1 year. |
| 1. [ ]  Yes [ ]  No
 | I have been convicted of a crime punishable by imprisonment exceeding 1 year. |
| 1. [ ]  Yes [ ]  No
 | I am in fugitive status from any local, state, national, or international law enforcement agency. |
| 1. [ ]  Yes [ ]  No
 | I am an unlawful user of any controlled substance. |
| 1. [ ]  Yes [ ]  No
 | I am an alien illegally or unlawfully in the United States. |
| 1. [ ]  Yes [ ]  No
 | I have been adjudicated as mentally defective or have been committed to a mental institution. |
| 1. [ ]  Yes [ ]  No
 | I have been discharged from the United States Armed Services under dishonorable conditions. |
| 1. Comments/Details
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Signature of Applicant Date