

ACCESS KEY-CARD REQUEST FORM

Name: _____ Date: _____ Email: _____ PI/Supervisor: _____
(Please Print)

Emp. Status (circle one): VA Employee WOC Employee Other:

Access Card type: New Change Replacement

Doors to be accessed: ___Research 5th Floor ___Research 4th Floor ___Research 12th Floor ___Research Building 13

Purpose: _____

Date all Research Credentialing was completed: _____

Approved: _____ Date: _____
WOC Credentialing Coordinator

Access Key-Cards will be processed by the Research office and can be picked up M-F between 8:00 AM - 2:30 PM

Please read before signing: Lost/Stolen Access Control Key-Card must be reported to the Research Administration Office immediately.

I, THE UNDERSIGNED, ACKNOWLEDGE RECEIPT OF THE ACCESS KEY-CARD. I AGREE NOT TO LOAN, SHARE/TRANSFER POSSESSION OF, MISUES, OR ALTER THE KEY-CARD THAT HAS BEEN ISSUED TO ME. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE RESEARCH ACCESS CARD ISSUED AND THAT AT THE END OF MY APPOINTMENT OR WHEN I NO LONGER NEED ACCESS TO THE AREA, I WILL RETURN IT. FAILURE TO DO SO MAY RESULT IN NOTIFICATION TO VA POLICE AND PROCESSING FOR THEFT OF GOVERNMENT PROPERTY.

SIGNATURE: _____ card # (office use) _____

DATE: _____