

# Building Access Application

FAS Chemistry

## 1. Employee or student information. Please complete:

Name (Last, first)	NetID	NYU N#
Home Address	Email Address	
City, State	Title/Student Status	
Zip Code	Phone	Lab Name & Phone
Emergency Contact	Department:	
(Name, relationship, and phone #)		

## 2. Employee or student category. Please select one:

<input type="checkbox"/> <b>Faculty Member</b> 24/7 Access including holidays -Silver Center, front door at 31 Washington Place. -Chemistry Office, Silver 1001. -Brown Building, Floors 3-6. -Silver Building, Floors 7-10.	<input type="checkbox"/> <b>PhD Student</b> 24/7 Access including holidays -Silver Center, front door at 31 Washington Place.  Building _____  Room _____	<input type="checkbox"/> <b>Clinical faculty/ Employees</b> 24/7 Access including holidays -Silver Center, front door at 31 Washington Place.  Building _____  Room _____	<input type="checkbox"/> <b>Undergrads, Masters, and Other</b> Monday - Friday, 9 AM to 6 PM -In this category individuals are only granted access to the specific areas in which they work.  <input type="checkbox"/> Brown, 3rd fl <input type="checkbox"/> Silver, 7th fl <input type="checkbox"/> Brown, 5th fl <input type="checkbox"/> Silver, 8th fl <input type="checkbox"/> Brown, 6th fl <input type="checkbox"/> Other: _____ <input type="checkbox"/> Waverly, 6th fl <input type="checkbox"/> Other: _____ <input type="checkbox"/> Waverly, 8th fl <input type="checkbox"/> Waverly, 10th fl <input type="checkbox"/> Waverly, 11th fl  <b>Expiration:</b>  -UGs receive access M-F, 9-6 only. -UGs <u>must</u> be supervised at all times by a full time employee or PhD student. <b>NO EXCEPTIONS!</b>
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## 3: Term and Conditions:

RULES for ACCESS CARD USE:

1. Cardholder will not permit unauthorized person(s) to enter building with them nor will they lend anyone else the use of their card.
2. Cardholder will immediately report lost or stolen cards to the Protection Department.
3. Should an incident occur during the time the system indicates the cardholder was in the building, the cardholder will cooperate with the Protection Department in any investigation or information gathering interview.
4. Cardholder should try to exit from the same door through which they entered.
5. Cardholder will cooperate anytime Security Officers ask to see their ID card.

ANY VIOLATION OF THESE PROVISIONS WILL RESULT IN IMMEDIATE VOIDING OF THE CARDHOLDER'S PRIVILEGES.

I, \_\_\_\_\_ acknowledge that I have read the above rules for access card use and that I intend to abide by these rules.

Applicant Signature:

## 4: Faculty Member or Lab Manager Approval:

Print Name

Signature & Date

**After completing sections 1-4 return the signed form to the Department Administrative Aide for processing.**

**Allow 72 hours for most access requests to be activated.**