



Controlled-Space (Lab) Access Request Form

Please read the Controlled-Space Access Policy (CSAP) before completing this form.

Per the Building Access Policy and CSAP, the authority or designee fills out this form for each applicant who needs interior door access, provides their signature, and has the applicant sign. Submit completed form to: Krystal Haase for CAS, Tim Kirk for COEn, or Ryan Gentry for all others who need access.

Applicant Name: _____

UAA ID#: _____

Authority/Designee Name: _____

Status (check all that apply):

☐ PI (Principal Investigator)

☐ Adjunct Instructor

☐ HS Student

☐ Faculty

☐ Post Doc

☐ Minor (under 18)

☐ Affiliate Faculty

☐ Staff/ Employee

☐ Visitor

☐ Visiting Faculty

☐ Graduate Student

☐ Volunteer

☐ Term Instructor

☐ Undergraduate Student

☐ Other

Building(s) Access (check all that apply):

List room numbers for each building for which you are requesting access.

☐ ADT _____

☐ ECB _____

☐ ARTS _____

☐ EIB _____

☐ ATC _____

☐ GHH _____

☐ BMH _____

☐ HSB _____

☐ CPISB _____

☐ NSB _____

☐ EBL _____

Start Date: _____

End Date: _____

Access hours requested:

☐ 24 hours/7 days

☐ 7am-10pm/7 days

☐ 7am-10pm M-F

☐ 8am-5pm M-F

Applicant: I acknowledge reading, understanding, and agreeing to abide by the Controlled-Space Access Plan. I also agree to abide by all other pertinent UAA policies and procedures.

Signature: _____

Date: _____

Authority/Designee: By signing this document, I have made clear to the applicant that they will abide by all pertinent UAA policies and procedures.

Signature: _____

Date: _____