BROWN BUILDING ACCESS AUTHORIZATION FORM

NAME:
LAST ___________________________ FIRST ___________________________

Signature of user requesting Access ____________________________________

User’s DEPARTMENT ____________________________

ACCOUNT TYPE (please check one only)
User Type: Chen Ugrad student ☐ Chen Grad Student ☐
Chen Faculty/Staff ☐ Chen Researcher ☐
MCF User (24X7) ☐ ELEN Lab Access ☐

Other ____________________________

Supervisor Name (printed) ____________________________ Phone # ____________

Signature Authorizing Access* ___________________________________________

Access Expiration Date (required) ____________________________

*note: authorizing signature must be from faculty or staff – cannot be a student

FOR OFFICE USE ONLY:

Date entered:

Entered by:

Access Categories: