

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: