Access to the LAR Animal Facility will only be approved if all of the following conditions are met:

* You are listed on a BIACUC approved animal use protocol.
* You have contacted LAR via lar@indiana.edu and have completed the specific facility or room orientation.
* Turned in this completed form with appropriate signatures to lar@indiana.edu.

Please allow 24-48 hours for your animal facility access to be activated after turning in form.

**Applicant Information**

**Applicant Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Office Location**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Applicant’s Phone number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Supervisor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Protocol#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IUB ID card #** (last 3 digits of smart chip no.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Name** (if Contractor/Vendor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Access**

**Applying for**: [ ]  New Access [ ]  Renewal Access [ ] Add/change building or lab access

**Are you**: [ ]  IUB Employee [ ]  IUB Student [ ]  IUB Volunteer [ ]  Visiting Research Personnel

**Animal Facility Name** **and area access is needed**: [ ] Research Services Building (RSB), [ ] Animal Behavior Lab (ABL), [ ] Multidisciplinary Science Building (MSBII), [ ] Optometry (OPT), [ ] Psychology (PSY), [ ] Jordan Hall (JH).

**Rooms to Access:** Access all rooms, partial access specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAR Staff Providing Orientation (Signature/date):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Request**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification**

**I understand that I will be held solely responsible for my actions while working in any LAR animal facility. MY ACCESS PRIVILAGES MAY BE PERMANENTLY REVOKED IF I KNOWINGLY ALLOW MY ACCESS CARD TO BE USED BY SOMEONE OTHER THAN MYSELF OR IF I DO NOT ABIDE BY ALL POLICIES, GUIDELINES, AND PROCEDURES WITHIN THE ANIMAL FACILITY (failing to follow approved protocol procedures, transferring animals without approved documentation, not wearing mandatory personal protective clothing, etc.)**

**Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LAR OFFICE USE ONLY:

LAR Management Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Access given by: \_\_\_\_\_\_\_

Type of Access Granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_