

# IMS BUILDING ACCESS REQUEST

Name: \_\_\_\_\_

Position / Title \_\_\_\_\_

Date \_\_\_\_\_

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PID# \_\_\_\_\_ (We obtain this number when you give us your Net ID#)

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**Access Requests:** (To be filled in by advisor)

IMS Floor Access Card needed? ( y / n ) \_\_\_\_\_

Lab Access (state room #'s) \_\_\_\_\_

Advisor's signature \_\_\_\_\_

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**Approval Signatures:** (To be signed by the individual lab supervisor upon meeting their access criteria)

Xray Lab 17/18 Access \_\_\_\_\_  
(Lab Supervisor Signature) (Date)

SEM Lab 009 Access \_\_\_\_\_  
(Lab Supervisor Signature) (Date)

TEM Lab Access \_\_\_\_\_  
(016, 016A, 016B, 016C) (Lab Supervisor Signature, circle left) (Date)

GCMS Lab 314 Access \_\_\_\_\_  
(Lab Supervisor Signature) (Date)

Thermal Analysis  
Lab 217 Access \_\_\_\_\_  
(Lab Supervisor Signature) (Date)

GPC Lab 214 Access \_\_\_\_\_  
(Lab Supervisor Signature) (Date)

NMR Lab 011 Access \_\_\_\_\_  
(Lab Supervisor Signature) (Date)

AFM Lab 022 Access \_\_\_\_\_  
(Lab Supervisor Signature) (Date)