## Neuroscience Key/Access Card Issue Form

NAME:					☐ Faculty ☐ Undergraduate ☐ Staff ☐ Other ☐ GSR			
HOME ADDRE	Stre	et address	,	City	S	tate	Zip	
TELEPHONE I	NUMBER:			E-MAIL AI	DDRESS: _			
UC ID #:DEPARTMENT:					LAB/AFFILIATION:			
Card Access (t	o be comp	oleted by S	Safety & Fa	acilities Mana	ger or Supe	ervisor	·):	
1544 Newton					Vinci Ct.		1629 DaVinci Ct.	
☐ Entry Doors	<u> </u>		Doors				☐ Entry Doors	
		varium				☐ Mechanical Room		
☐ Entry Doors (Weekdays) ☐ Mechanical Shop		☐ 613A \ ☐ 613B \ ☐ S. Gat ☐ 100 Co	Vivarium Vivarium e Only	☐ Vivariu	<ul><li>□ Lab Corridor</li><li>□ Vivarium</li><li>□ S. Door of Vivarium</li></ul>		□ MRI SKYRA	
or theft to the	sible for the e Safety & cess card is d duplicatio	University Facilities M	lanager, Po e may not b	lice Departmer be transferred o	nt, as well as or loaned to	s to my anothe	ediately reporting their loss Supervisor. er person. I understand that e of California penal Code,	
<ol><li>University ke</li></ol>	eys may no	t be duplica	ated except	by the UCD Fa	acilities Depa	artmer	nt.	
	nsfer to and	ther depar	tment, term	ination of emp			Manager, or my Superviso n or withdrawal from schoo	
Signature:					Date:			
r			T	T				
KEY/CARD NUMBER	SERIAL NUMBER	DATE ISSUED	INITIALS	DATE LOST	DATE RETURN		SIGNATURE	