



**Animal Resources Center Access Form**

**Section 1. General Information**

**Applicant Name (Last, First):** \_\_\_\_\_

Check one of these classifications:  Faculty  Staff  Post-Doc  
 Graduate Student  Undergrad Student  UT Affiliate: \_\_\_\_\_  
(HRMS assignment required)

**UT-Austin EID#:** \_\_\_\_\_ **Principal Investigator:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Lab/Office Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell/Home Phone:** \_\_\_\_\_

*(please refer to backside for instructions)*

**Section 2. Access Request**

<u>Main entry</u> <u>keycard access</u>	<u>Room number (s)</u> <u>requiring key or keypad access</u>	<u>Main entry</u> <u>keycard access</u>	<u>Room number (s)</u> <u>requiring key or keypad access</u>
<input type="checkbox"/> ARC Building	_____	<input type="checkbox"/> ARC Barrier *	_____
<input type="checkbox"/> NHB Vivarium*	_____	<input type="checkbox"/> Annex Barrier *	_____
<input type="checkbox"/> DPRI Vivarium*	_____	<input type="checkbox"/> DPRI Surgery *	_____
		<input type="checkbox"/> NMS - 1.236 *	_____
		<input type="checkbox"/> HDB Vivarium*	_____
		* Access requires additional training	

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Facility Manager, ARC Supervisor, and OHPS Staff that have verified additional training requirements:**

\_\_\_\_\_

**Section 3. Principal Investigator Authorization**

Check one of the classifications below:

#1  The individual WILL be working with animals under the protocol numbers listed below, and I understand that it is my responsibility to assure that they 1) complete all training requirements, and 2) are formally added to the protocol by submitting a protocol modification to the IACUC. For more information, see: <http://www.utexas.edu/research/rsc/animalresearch/>

*(List the IACUC protocol numbers and species involved here)*

**Note: Access is contingent on applicant being listed on the IACUC approved protocol.**

#2  The individual WILL NOT be working with live vertebrate animals but does require access to the ARC facility

*(Explain here)*

**Provide access dates:** Access should begin \_\_\_\_\_ and can be terminated \_\_\_\_\_  
*(starting date) (ending date, if known)*

Select an access category:

Standard hours (7AM-7PM Sun-Sat)  Extended hours (describe) \_\_\_\_\_

**I authorize the ARC to grant access requested above to this individual, whose activities will be under my supervision.**

**P.I. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Access will be granted within 48 hours.*

***ARC OFFICE USE ONLY***

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**Keys:**

\_\_\_\_\_   
Date

\_\_\_\_\_   
Initials

**Bldg Access:**

\_\_\_\_\_   
Date

\_\_\_\_\_   
Initials

\_\_\_\_\_   
Proximity ID #

**Satellite Access:**

\_\_\_\_\_   
Date

\_\_\_\_\_   
Initials

\_\_\_\_\_   
Proximity ID #

04/2018