

LISE Lab Facility

Harvard University, Cambridge, MA 02138

Card Access and Key Request Form

Submit completed form to: Kelly Labrecque - klabrecq@fas.harvard.edu

Name: [Please Print] _____

I agree to abide by the rules governing card access to the LISE Facility and in accordance with Harvard University guidelines. Access is not transferable to another user and I will not lend my access card or allow unauthorized access.

Harvard University ID #: _____

Telephone #: _____

Status (*undergraduate, graduate, outside research, etc.*): _____

Research Group: _____

Requesting Access to:

Floors: _____

Reason for access: _____

Labs/Rooms: _____

Reason for access: _____

Signature: _____ **Date:** _____

Requested by (Faculty or staff member): _____

Access for 7 days a week unless noted here: _____ Card Expiration Date: _____

Terminate Card Access on: _____

Authorized By: _____ **Date:** _____

Comments: _____
