

E.C.E. ACCESS REQUEST FORM PAGE 1 OF 2

Requestor's Information:

(Please Type or Print Clearly)

(Incomplete or Illegible Forms will be returned)

REQUESTOR'S LAST NAME _____ REQUESTOR'S FIRST NAME _____ M.I. _____

REQUESTOR'S CATCARD NUMBER _____ EXPIRATION DATE _____

UNIVERSITY OF ARIZONA E-MAIL ADDRESS _____

ECE Sponsor: _____
PRINTED NAME _____ SIGNATURE _____

Requestor Status: (Check One)

- Faculty Staff Visitor Undergraduate Student Graduate Student
(Faculty / Staff / Visitors are fee exempt) (\$50.00 Deposit for Building Keys and \$20.00 Deposit for Carrel Keys)

(Students are allowed Building Access by selecting "South Ent." and "Stairwell" on page 2)

If you are requesting access to the MFC then complete the following
Otherwise, select rooms on 2nd page and then place the form in the TSS Mailbox

Department Person is Affiliated with: _____

Requester's Phone Number: _____ Faculty Advisor: _____
(If different from above)

Faculty Advisor's E-Mail: _____

Name of Research or Project: _____ Account #: _____

Have you completed the "General Laboratory Chemical Hygiene Training: Yes No
(<http://fp.arizona.edu/riskmgmt/training.htm>) Have you worked in the lab before? Yes No

List the access you require:

Water Room and Office Only: _____ (No Cost / Mo) Unlimited: _____ (Cost is \$140 / Mo)
Chase Only: M - F / 8 am to 5 pm: _____ (Cost is \$100 / Mo)
Fab and Chase: M - F / 8 am to 5 pm: _____ (Cost is \$205 / Mo) Unlimited: _____ (Cost is \$280 / Mo)

Have you reviewed the MFC web site and understand the sections on safety: Yes No
(<http://mfc.engr.arizona.edu/Safety.htm>)

Now go to page 2 and select the required rooms then place the form in the TSS mailbox

DO NOT WRITE BELOW THIS LINE - THIS IS FOR THE SECURITY MANAGER ONLY

Building Keys: \$50.00 Deposit Deposit Rec #: _____ Acct: _____
INITIALS _____ DATE _____

Carrel Keys: \$20.00 Deposit Deposit Rec #: _____ Acct: _____
INITIALS _____ DATE _____

Building Keys Refund: Refund Rec #: _____ Acct: _____ Receiver: _____
\$50.00 Refund \$25.00 Refund INITIALS _____ DATE _____ INITIALS _____

Carrel Keys Refund: Refund Rec #: _____ Acct: _____ Receiver: _____
\$20.00 Refund \$5.00 Refund INITIALS _____ DATE _____ INITIALS _____

SIGNATURE OF ACCESS RECIPIENT _____ DATE _____

ECE ACCESS REQUEST FORM PAGE 2 OF 2
Students are allowed Building Access by initialing
“South Ent” and “Stairwell”

Authorizer	Room	Initial
ECE Faculty Sponsor	South Ent	
ECE Faculty Sponsor	Stairwell	
ECE Faculty Sponsor	232(Lab-AX)	
ECE Faculty Sponsor	105(IEEE)	
Dr. Ali Akoglu	455(Lab)	
Dr. Tamal Bose	411(Lab)	
Dr. Kamal Didan	410(Lab)	
Dr. Kamal Didan	410A(Office)*	
Dr. Ivan Djordjevic	441(Lab)	
Dr. Ivan Djordjevic	441A(Lab)*	
Dr. Steven Dvorak	555(Lab)	
Mr. Leo Enfield	228(CSG)	
Mr. Leo Enfield	229A(CSG)	
Mr. Leo Enfield	257(CSG)	
Dr. Wolfgang Fink	431(Lab)	
Dr. Salim Hariri	250(CSL)	
Dr. Salim Hariri	250A(CSL)	
Dr. Salim Hariri	251(Lab)	
Dr. Salim Hariri	361(Lab)	
Dr. Raymond K. Kostuk	249(Lab)	
Dr. Ozan Koyluoglu	561(Lab)	
Dr. Marwan Krunz	350(Lab)	
Dr. Loukas Lazos	420(Lab)*	
Dr. Ahmed Louri	243A(Lab)*	
Dr. Ahmed Louri	421(Lab)	
Dr. Roman Lysecky	355(Lab)	
Dr. Michael Marcellin	111(Club)*	
Dr. Michael Marcellin	456(N&S)	
Dr. Michael Marcellin	456D(Lab)*	

Authorizer	Room	Initial
Dr. Michael Marefat	411(Lab)*	
Dr. Kathleen Melde	550(Lab)	
Dr. Mark Neifeld	106(Lab)	
Dr. Mark Neifeld	112(Lab)*	
Dr. Mark Neifeld	245(Lab)	
Dr. Mark Neifeld	545(Lab)*	
Dr. Mark Neifeld	549(Lab)*	
Dr. Kelly Simmons-Potter	424(Lab)	
Dr. Linda Powers	447(Lab)*	
Dr. Linda Powers	449(Lab)*	
Dr. John Reagan	531(Lab)	
Dr. Jeffrey Rodriguez	510(Lab)	
Dr. Jerzy Rozenblit	546(Lab)	
Dr. Jonathan Sprinkle	269(Lab)	
Dr. Jonathan Sprinkle	446(Lab)	
Dr. Hal Tharp	111(Lab)*	
Dr. Hal Tharp	346(Lab)	
Dr. Bane Vasic	456(N&S)	
Dr. Bane Vasic	456D(Lab)*	
Dr. Janet Wang-Roveda	524(Lab)	
Dr. Hao Xin	241(Lab)	
Dr. Hao Xin	241A(Lab)*	
Dr. Hao Xin	269(Lab)	
Dr. Hao Xin	401(Lab)	
Dr. Richard Ziolkowski	445(Lab)*	
Dr. Richard Ziolkowski	450(Lab)	

Authorizer (Print)	Room	Initial

* = Key