



INSTITUTE FOR
SYSTEMS RESEARCH
A. JAMES CLARK SCHOOL OF ENGINEERING

UID ACCESS REQUEST FORM

PLEASE PRINT CLEARLY

NAME: _____

UNIVERSITY ID NUMBER: _____
CAN BE FOUND ON FRONT OF YOUR UID

The following must be completed by the individual who will be responsible for this UID.

- ___ Graduate Research Assistant
- ___ Undergraduate Research Student ___ URPA ___ REU ___ OTHER
- ___ Faculty
- ___ Departmental Staff
- ___ Other (specify): _____

I am requesting UID access to the following:

A V Williams Building:

___ ENT	___ 1139	___ 1146	___ 1152	___ 2158	___ 2160	___ 2164
___ 2168	___ 2172	___ 2202	___ 2210	___ 2218	___ 2224	___ 2250
___ 2265	___ 2270A	___ 2270B				

Engineering Annex Building:

___ ENT	___ 0101A	___ 0108	___ 0113	___ 0200*	___ 0202*	___ 0303
___ 0305	___ 0307					

You MUST obtain your Advisor or Lab Director's signature prior to UID card being activated.

Your Email address: _____

Advisor's Name: _____

Advisor's Signature: _____

Lab Director Name: _____

Lab Director Signature: _____

Return Access Request Form to Regina King, Room 2164 AVW

For Office Information Only. The following are the approvers for the listed rooms.

0113 Paley/Herrmann	0101A+0303 & 0307 +0305 Paley/Penskiy	1139 McKinney
2158 Martins	2160 Abshire	2202 Shamma
2210 Krishnaprasad	2270 Horiuchi	2218 Baras
2250 Baras		

***0200 & 0202 Baras (Kim Edwards must inform recipients of alarm restrictions!!!!)**