



LSI ACCESS INFORMATION FORM

NEW HIRE INFORMATION

Mandatory for all UBC Faculty, Staff & Students
Provide iClass card#:

Worker Information:

- Faculty Staff Graduate Student Undergraduate Student Volunteer
- Directed Studies Student Others

Department / Centre:

- CPS Biochemistry Centre for Blood Research Medical Genetics
- Microbiology & Immunology Zoology LSI Dentistry
- other _____

Prefix : _____ Name: _____

Telephone: _____ Email: _____

SIN/ID#: _____ Student #: _____

Position: _____; PI/ Supervisor: _____

Start Date: _____ End Date : _____

IS A KEY REQUISITION REQUIRED? Yes No

Access Needed:

Key card: Yes, please list access levels _____

No

Key(s): Yes No **Office#(s):** _____ **Lab#(s):** _____

Signature of Supervisor: _____

Submit to your departmental Administrator

To be filled out by Departmental or LSI staff

Safety Orientation login: _____; Safety Orientation password: _____