

# ACCESS CARD REQUEST

## SCHOOL OF PSYCHOLOGY

PLEASE PRINT  
CLEARLY IN  
CAPITAL LETTERS

<i>Family Name*</i>	<i>Given Name(s)*</i>
<i>Email*</i>	<i>Telephone / Extension / Mobile*</i>
<i>ID Number*</i>	<i>UPI*</i>

Are you\*?    Staff    Student    Visitor    Contractor    (please circle)

For Student:    Honours    PGDip    Masters    PhD    Postdoc    Summer Student    Intern    (please circle)

Do you have a blue Campus ID Card?    Yes    No    6 digit number on back of card (bottom right) \_\_\_\_\_

Do you have an existing UoA access card\*?    Yes    No    Issued By (Dept)\*: \_\_\_\_\_

Current Access Card #\*: \_\_\_\_\_ **New Access Expiry Date\*:** \_\_\_\_\_ (\* MANDATORY FIELD)

Tick if needing access:	Restricted Area	Area Supervisor	Area Supervisor's Signature
	B302-B030 Pigeon Lab	Sarah Cowie	
	B302-280 Clinic	Nigel George	
	B301-233 PGR Rm	Niki Harre	
	B301-308 EEG Lab	Veema Lodhia	
	B301-323 Neuro Lab	Ian Kirk	
	B301-327 PGR Rm	Odette Groom	
	B721 Tamaki / B721-223 MSI	Adeline Fung	
	B730 Tamaki Clinic	Adeline Fung	

By signing, the Area Supervisor(s) acknowledge that;

1. They hold responsibility for compliance in terms of Health & Safety, Containment, and Security in the respective space(s),
2. They are granting the applicant unrestricted access to the requested space(s)
3. The applicant has received all the required training and safety inductions to work in the space(s) in a safe and compliant manner.

### Supervisor's Approval

<i>Supervisor's Name</i>	<i>Supervisor's Extension</i>
<i>Supervisor's Signature</i>	<i>Date</i>

### Declaration

I hereby acknowledge that the information I have supplied is correct and that I have read and understand the conditions of use and will abide by these conditions:

1. That the card is for my personal use and cannot be given to or assist others to gain access
2. That should I misuse the card, I will forfeit it and any access it grants
3. That if I lose the card I will immediately report the loss to Security (ext. 85000) or Access Control
4. That I will produce the card and/or surrender it, if requested at any time by any Unisafe/Security Officer
5. That I will return the card to the issuing department, Access Control or Security when it is no longer required

N.B. Access cards are issued and Access Card Request forms are retained by the Department

<i>Signature</i>	<i>Date</i>
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Admin use

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