

ACCESS KEY-CARD REQUEST FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_ PI/Supervisor: \_\_\_\_\_  
(Please Print)

Emp. Status (circle one): **VA Employee**    **WOC Employee**    **Other:**

Access Card type:    ☐ New    ☐ Change    ☐ Replacement

**Doors to be accessed:**    \_\_\_Research 5th Floor    \_\_\_Research 4th Floor    \_\_\_Research 12th Floor    \_\_\_Research Building 13

Purpose: \_\_\_\_\_

Date all Research Credentialing was completed: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
WOC Credentialing Coordinator

Authorized: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Research Operations

Access Key-Cards will be processed M-F between 8:00 AM - 4:30 PM

**Please read before signing:** Lost/Stolen Access Control Key-Card must be reported to the Research Administration Office immediately.

I, THE UNDERSIGNED, ACKNOWLEDGE RECEIPT OF THE ACCESS KEY-CARD. I AGREE NOT TO LOAN, SHARE/TRANSFER POSSESSION OF, MISUES, OR ALTER THE KEY-CARD THAT HAS BEEN ISSUED TO ME. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE RESEARCH ACCESS CARD ISSUED AND THAT AT THE END OF MY APPOINTMENT OR WHEN I NO LONGER NEED ACCESS TO THE AREA, I WILL RETURN IT. FAILURE TO DO SO MAY RESULT IN NOTIFICATION TO VA POLICE AND PROCESSING FOR THEFT OF GOVERNMENT PROPERTY.

SIGNATURE & DATE: \_\_\_\_\_ card #: \_\_\_\_\_

DATE CARD RETURNED: \_\_\_\_\_ SIGNATURE & DATE: \_\_\_\_\_