

FOR FACILITIES DEPARTMENT PERSONNEL ONLY

ANIMAL FACILITY ACCESS REQUEST FORM

Fred Humphries Science Research Facility, New Pharmacy Building Phase II

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO ANIMAL CARE FACILITY ADMINISTRATIVE OFFICE: sherry.kemp@famuedu
FORM MUST BE SIGNED BY IMMEDIATE SUPERVISOR**

Access will be terminated on January 15 of each year. Access Request Forms must be submitted annually.

Employee Name: _____ FAMU ID CARD #: _____

E-Mail Address: _____ Campus Phone: _____

Immediate Supervisor's Name: _____

Department:

Choose one

Facilities Maintenance

Custodial Services

Facility Access Request: *Indicate all buildings with a legitimate business need to enter; pass-through access to other campus buildings does not constitute a legitimate business need.*

**Fred Humphries
Science Research
Center**

New Pharmacy Building Phase II

Do you currently own or have contact with pet or wild rodents or rodent carcasses?

Yes No (Contact tanise.jackson@famuedu if this status changes.)

Have you received and read the FAMU Animal Care Facility Handout *Information for Non-Animal Contact Personnel?* Yes No

Individual's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Signatures indicate that the above-named employee has a legitimate business need to enter the ACF maintained area(s) specified above and agrees to abide by all applicable rules, regulations and policies with regard to animal research and access to FAMU vivaria.

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DATE RECEIVED: _____

DATE PROCESSED: _____