

# Physics & Astronomy Room Access AGREEMENT

**In order to be granted card swipe access for any secured  
Physics & Astronomy laboratory space, I agree to:**

1. Keep doors locked to maintain security of the building and rooms to which I have been granted access.
2. Admit only myself and others authorized to work with me – but no one else – into rooms/buildings to which I have been granted access, for the purpose of carrying out university-related activities.
3. Use/access only the equipment or facilities for which I have been specifically authorized by a department staff member or faculty instructor/mentor.
4. Report any equipment/facilities problems immediately, and contact my faculty instructor/mentor or a department staff member in the event I have questions or concerns about the security or safety of equipment or facilities.

**(Print) Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**M-number** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Rooms for which access is requested** \_\_\_\_\_

**Authorizing Faculty Signature** \_\_\_\_\_