

STEWART BUILDING/ BIOLOGY DEPARTMENT ACCESS AND KEY REQUEST FORM

Name:
(First name) (Last name)

Home phone: () McGill email address:

McGill phone: 514-398-..... Room number: McGill card ID #:

Supervisor's name:

Supervisor's name (if changed): Date:

Supervisor's name (if changed): Date:

Status & Term:

Staff: Professor ___ Administration ___ Technical ___

Post-Doc ___ Grad Student ___ Visiting Professor ___ Research Associate ___ Term: _____

Undergraduate Student ___ Specify: _____ Class: _____ Term: _____
(Honours, Independent Studies, work-study, volunteer, summer job)

Phytotron external client (equipment rental) _____

Other (specify) _____ Term: _____

BUILDING ACCESS

To access the Stewart building, use your McGill ID card at the main entrance (near the porter's office N2/1). Security staff patrols the building during quiet hours and occupants must conform to controls. Guests may accompany authorised entrants but must obtain a permission slip. Guests are the responsibility of the host at all times. Strangers must not be admitted at the same time as an authorised user. The Deputy Building Director must be informed when building access is no longer required.

I agree to conform to the above regulations:

APPLICANT'S SIGNATURE:

(Supervisor's section to be completed - see opposite side)

SECTION TO BE COMPLETED BY SUPERVISOR

Supervisor must initial the required access level. Afterhours access should be granted to only those who have specific need

- **NO** access level **JUST** keys required _____
- Stewart main entrance _____
- Stewart 4th floor to South Block _____
- Stewart 5th floor west or north or both (please specify) _____
- Stewart (others card readers, specify) _____
- 2/F Bellini & both doors on N5 bridge to Bellini (for these access levels, you must apply online to www.mcgill.ca/medbuildings/access)
- Others _____

Period of admittance from: **to:**
(start date) (estimated end date)

SUPERVISOR'S SIGNATURE: **Date:**

BUILDING DIRECTOR'S SIGNATURE (if required): **Date:**

Blank Access Cards

Date:

Blank Card #: **Term:**.....

Areas of access:

Owner's signature:

Blank Card returned on: **Initials:** _____

NOTE: If the end date of your position has been extended but your access got cancelled, a confirmation of status is required before we reactivate the access.

KEY FORM

DATE	ROOM	KEY CODE	HOOK #	DEPOSIT (given)	OWNER'S SIGNATURE	DATE (returned)	DEPOSIT (returned)	INITIALS
LOST KEYS:								

ALL keys issued **MUST** be returned to the Deputy Building Director's office (W4/14) **BEFORE** leaving the Department. Thank you.

SUPERVISOR'S SIGNATURE: