

UOC Security Access Authorisation Form

FULL NAME: _____
OTAGO USERNAME: _____
EMAIL: _____
JOB TITLE: _____
DEPARTMENT: _____
RESEARCH GROUP: _____
SUPERVISOR/MANAGER: _____
START DATE: _____
STATUS: UO Staff UO Student External UO Visitor*

ACCESS REQUIREMENTS:

OFFICE LOCATION: _____
Room number and building

LAB ACCESS: Level 2 Daytime or 24 hours Induction date: _____
 Level 3 Daytime or 24 hours Induction date: _____
 Level 4 Daytime or 24 hours Induction date: _____

SERVICE TO SCHOOL: Associate Dean or Module Convenor
 Clinical Teaching Staff (School Agreement)
 Incident Management Team
 Other
Please provide details: _____

EXTERNAL LIBRARY USER: TWO Staff User External User

ANATOMICAL PATHOLOGY: Staff Visiting Student Seminar Room only

TWO BIKE LOCKUPS: Yes

AUTHORISATION:

Administrator
(Library staff if External User) Name _____ Signature _____ Date _____

UOC Levels 2 and/or 4
Name _____ Signature _____ Date _____

UOC Level 3
Name _____ Signature _____ Date _____

*Approved UOC Visitor Form must be attached, except Electives students

OFFICE USE:

ID Sighted: NZ Driving Licence Passport Number: _____
Date UO ID Card ordered: _____ Date UO ID Card issued: _____
Temp card number: _____ Date temp card returned: _____