ACCESS REQUEST/APPROVAL TO D.L.A.R. ANIMAL AREAS

Please print
Last Name: _______________________________  First Name: ______________________
Department/Company:  ________________________________  Phone #: ________________________
Lab/Office Address:  ________________________________

Requesting access to the following animal area (circle all that apply):
BBSRB  Bio-Pharm  Med Ctr/Combs/CAF  Pharmacy  Sanders–Brown

Signatures:
Applicant:  ________________________________
Supervisor:  ________________________________  Name (printed):  ______________________________

--------------------------------------------------------  Stop Here  --------------------------------------------------------

Red DLAR tag issued by _____________________________  Date:  _____________________________