

# Medical School Building Access Request Form



Instructions: Those requesting changes to their current Mcard, or access to any Medical School building including NCRC, are to complete this form and obtain proper signature approval. The completed form can be emailed to [Med.School.Access@umich.edu](mailto:Med.School.Access@umich.edu), or brought to the NCRC Mcard Office at Building 18, Room G018A. If you have questions or need an appointment call: 734-764-9004 or email [Med.School.Access@umich.edu](mailto:Med.School.Access@umich.edu).

Last Name:	First Name:	Birth Date: (New card only)
U-M Department or Company Name:		Phone:
EMAIL Address:	UMID:	
Building: (Name & Number)		Office/Work Station/Lab/Rm #:

**Classification** (Check all that apply):  Non-Lab Staff  Lab Staff\* (Lab Staff requires Principal Investigator approval and signature)

Faculty  Post Doc  Graduate Student  Undergraduate Student  Contractor  Visiting Scholar

Volunteer  Vendor  U-M Temp Employee  Contracted Temp \_\_\_\_\_ Other (Specify)

**Reason for request** (Check all that apply):  Access  New Mcard\*\*  Replacement Mcard\*\*

Name Change  Dept. Change  Lost  Stolen  Expired  Damaged  \_\_\_\_\_ Other (Specify)

**Access:**  Add  Remove  Temporary (End Date Required) \_\_\_\_\_

**Restricted Access:**  Mech/Elec Rooms/Penthouse/Roofs  Data Closets  Docks  ULAM\*\*\*  \_\_\_\_\_ Other Access (Specify)

**Building(s) for access being requested**

**Lab/Office/Room Number (Asapplicable)/C.Codes**

Bu:	
BUILDING:	
BUILDING:	
BUILDING:	
BUILDING:	

I certify that the photo on my Mcard is correct and the information provided is accurate.

\*\*Mcard Holder Signature:

Date:

\*\*\*ULAM approval signature required below. By signing you verify that required training or certifications are completed.

\*PI must sign below. By signing you attest that all required training or certifications are complete and proper supervision is provided while working in laboratories.

Authorized Name: (Printed)

Authorized Signature:

Date:

Authorized Name: (Printed)

Authorized Signature:

Date:

## Instructions to complete form

<b>Purpose:</b>	This form is used to request access to Medical School buildings with an existing Mcard, or to change information and request a new Mcard at the NCRC Mcard Office. Incomplete or incorrect information may result in no access granted or a new Mcard being denied.
<b>Who must use this form:</b>	<p>Anyone requiring access to Medical School buildings, or requesting a change to an existing Mcard or a new Mcard at the NCRC Mcard Office. This form must be completed and a department authorized signature must be provided prior to submission or visiting the NCRC Mcard Office.</p> <p>Those issued a new or replacement Mcard from another Mcard Office and need access to the Medical School including NCRC must complete this form (Note: Access for Smart Cards require a visit to the NCRC Mcard Office; Access for Proximity Cards issued by the Hospital Key&amp;ID Office or NCRC Mcard Office can be requested by emailing the completed form to Med.School.Access@umich.edu).</p>
<b>Applicant:</b>	<p>Enter Mcard holders full name, birth date (only required if a new Mcard is being issued), department or company name, and other required information. Those that do not have an email address, phone or office/lab space are to reference their Approver's information. Those receiving a new Mcard will receive a UMID # upon issuance of their Mcard.</p> <p>A Government issued Photo ID (i.e., Driver's License, State ID, Passport) is required prior to issuing a new Mcard. People wearing sunglasses, hats, caps, bandanas, etc. will be required to remove them before their photo is taken.</p>
<b>Request is for:</b>	Indicate access type (add, remove, temporary)
<b>Classification:</b>	<i>Choose one of the classifications listed</i>
<b>Reason for request:</b>	<p><b>New or Expired Cards:</b> The first new Mcard and expired Mcards for Faculty, Staff, and U-M Temp employees do not require payment while all other classifications require a <b>\$6</b> payment from the cardholder or charged to a U-M Department Shortcode. To replace an expired Faculty, Staff or U of M Temp Mcard, the cardholder must bring their old Mcard to the Mcard office otherwise a <b>\$20</b> fee will apply.</p> <p><b>Data Change:</b> Name, department, status</p> <p><b>Damaged Cards:</b> Normal wear and tear or beyond 5 years of issue will not be charged, damage requires a <b>\$20</b> fee. <b>Lost or Stolen Cards:</b> Must be reported immediately (see contact information at the bottom of this page). A <b>\$20</b> replacement fee applies and must be paid by the cardholder. Replacement fee is waived for stolen cards if a police report is presented to the Mcard Office before a new Mcard is issued. The previously lost card cannot be reactivated or used to turn in to an Mcard Office to avoid paying a replacement fee. <b>The NCRC Mcard Office accepts U.S. cash only. Must have exact change.</b></p>
<b>Additional access:</b>	If additional access is required, please indicate by listing building and room numbers and obtain the proper authorized signature for those areas.
<b>Cardholder:</b>	Cardholder signature is required attesting that the Mcard photo and information is correct.
<b>Authorization:</b>	<p>Signature of person(s) responsible to authorize the issuance of access or an Mcard. This section must be completed. A Principal Investigator signature is required for persons working in laboratories attesting that all required training has been completed. Refer to the Office of Research-Lab Safety and EHS websites for more information.</p> <p><a href="https://research.umich.edu/research-resources/compliance-and-integrity">https://research.umich.edu/research-resources/compliance-and-integrity</a></p> <p><a href="https://ehs.umich.edu/education/what-training-do-i-need/">https://ehs.umich.edu/education/what-training-do-i-need/</a></p>

Questions? Call the NCRC Mcard Office at (734) 764-9004 or email Med.School.Access@umich.edu