



**User Information Form UT-AUSTIN ANIMAL FACILITIES**

**Step 1. General Information**

**Applicant Name (Last, First):** \_\_\_\_\_

Check one of these classifications:  Faculty  Staff  Post-Doc  
 Graduate Student  Undergrad Student  Other: \_\_\_\_\_

**UT-Austin EID#:** \_\_\_\_\_ **Principal Investigator:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Lab/Office Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell/Home Phone:** \_\_\_\_\_

**Step 2. Access Request**

Keycard Access Required:  **ARC Building**  **MGEF Barrier – 1.202** \_\_\_\_\_  
 **ARC Barrier - 1.300 suite** (Signature – MGEF Approval)  
 **Satellite location:** \_\_\_\_\_

Keys Required: **Room(s):** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3. Principal Investigator Authorization**

Check one of the classifications below:

The individual WILL NOT be working with live vertebrate animals but does require access to the ARC facility

(Explain here)  
\_\_\_\_\_

The individual WILL be working with animals under the protocol numbers listed below, and I understand that it is my responsibility to assure that they 1) complete all training requirements, and 2) are formally added to the protocol by submitting a protocol modification to the IACUC. For more information, see: <http://www.utexas.edu/research/rsc/animalresearch/>

(List the IACUC protocol numbers and species involved here)  
\_\_\_\_\_

**NOTE:** To formally add this individual to the protocol(s) listed above, you must submit a protocol modification form to the Office of Research Support. For information on current IACUC training requirements, which protocols you are listed on, or adding/removing names from protocols, contact the IACUC Program Coordinator, Justin McNulty, at 512.475.8650 or [jmcnulty@austin.utexas.edu](mailto:jmcnulty@austin.utexas.edu).

Provide access dates: Access should begin \_\_\_\_\_ and can be terminated \_\_\_\_\_  
(starting date) (ending date, if known)

Select an access category:  
 Standard hours (7AM-7PM Sun-Sat)  Extended hours (describe) \_\_\_\_\_

**I authorize the ARC to grant access requested above to this individual, whose activities will be under my supervision.**

P.I. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 4. Return this completed and signed form to the main office in the ARC building for processing.**

ARC OFFICE USE ONLY			
<b>Keys:</b>	_____	_____	_____
	Date	Initials	
<b>Bldg Access:</b>	_____	_____	_____
	Date	Initials	Proximity ID #