



**BUILDING ACCESS AGREEMENT FORM**

FIRST & LAST NAME: \_\_\_\_\_

PRINCIPAL INVESTIGATOR/SUPERVISOR NAME: \_\_\_\_\_

WISCARD/BADGE ID NUMBER: \_\_\_\_\_  
*(list identification numbers located on the **backside** of ID card)*

Please mark which status applies to you:

\_\_\_\_ Student for Credit Only

\_\_\_\_ SMPH Appointments (FA, US, AS, EIT, SA, Zero-Dollar, LTE, LI, Student Hourly)

\_\_\_\_ UW Health Employee (UWMF/UWHC)

\_\_\_\_ Visitor (short-term access only)

\_\_\_\_ Other

Your privilege to use this building will be terminated and disciplinary action will be initiated for the following:

- 1) Passing along or loaning your access card to anyone else.
- 2) Tampering with or disabling any lock and/or security system on any door.
- 3) Carrying out any action which jeopardizes the safety of any individual or the security of this facility or any equipment within it.

I agree to the terms as mentioned above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date