ICICS/CS Reading Room Access Control Form

Obtain an access control fob or card from your department. Please fill out the first section. Read the next section and sign form. Obtain approval signature from your ICICS Supervisor. Bring this form to an orientation session with the Reading Room Coordinator.

Name: _________________________________________

Department: ______________________________________

Status (circle one): Faculty / Staff / Undergrad / Masters / PhD / Guest or Visitor

Expected Date of Graduation: __________________________

Employee ID# (mandatory if Employee): __________________________

Student ID# (mandatory if Student): __________________________

Other ID# (use only if neither): __________________________

Email Address: _______________________________________

Home phone number: __________________________________

I wish to apply for authorization to enable me to access Reading Room materials on my own recognizance. This access will be for my personal use only and I will not open the door for anyone. I will abide by borrowing policy and procedures, and I understand that materials borrowed must be signed out and returned or renewed promptly when due. I accept financial responsibility for loss of or damage to any Reading Room materials that I remove from the Reading Room. Before graduating or leaving UBC, I will notify the Reading Room and return all materials.

Applicant Signature: ________________________________

ICICS Supervisor (please print name): __________________________

ICICS Supervisor (signature): ________________________________

Date of Authorization: ________________________________