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: _____