# Laboratory Usage Authorization Form

Student Name: _____

Student ID: _____ Course: _____
SUNYCARD ISO NUMBER

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The above-named student has permission to use the following laboratory on the date(s) and Time(s) indicated:

☐ Normal Building Hours ☐ **After Hours ******

BUILDING: _____ ROOM#:_____

DATE(S) TO BE USED: FROM: ____/____/____: TO: ____/____/____

Day of week: _____ Time(s): _____ (am) (pm): TO: _____ (am) (pm)

☐ You may not work alone in this lab if this box is checked.

- **Equipment must not be removed from laboratory.**
- **You are NOT to prop open any locked lab doors or admit anyone into the Laboratory.**
- **This lab pass and your SUNYIT ID card must be carried with you on your person at all times while using the lab and must be displayed upon request by any SUNYIT faculty, staff, or lab monitor.**
- ➢ ******Any after hour usage of labs MUST have approval by Department Chairperson AND the University Police Chief.**

**** Failure to follow these rules may result in you being denied access to the labs. ****

_____ _____ Date: ____/____/____
**Student Signature** **Print name**

_____ _____ Date: ____/____/____
**Faculty Signature** **Print name**

_____ _____ Date: ____/____/____
**Department Chairperson Signature** **Print name**

_____ _____ Date: ____/____/____
**Chief of University Police Signature** **Print name**

- ❖ **NOTE: A University Police Officer's request to leave a laboratory supercedes this authorization.**
- ❖ **This approval should not be issued for an entire semester. May be issued for two (2) weeks at a time.**

**COPY DISTRIBUTION:**
**WHITE – STUDENT**
**YELLOW – DEPARTMENT CHAIRPERSON**
**PINK – UNIVERSITY POLICE**

**(REVISED 06/2011)**