

## Instructions for Completion of NCRC User Request For NCRC CMI Authorization

Each individual user must complete an NCRC Access Form for CMI access and use. Once the PI Access Request and the NCRC User Access Forms are complete they should all be faxed to Amanda Fair at 734-763-7870. Clearance for use is typically granted within 1 week. Upon authorization users will be individually emailed their access information and instructions on how to schedule training.

If you have a 6-digit pin associated with your UMID card please include it here. If not please indicate "need pin" and one will be assigned to you.

The yellow highlighted portions should be completed by the user requesting access.

The blue highlighted portions are for CMI use only.

Choose the one classification that applies to you and also select "New NCRC Site Access" as well as "Vivarium."

The green highlighted portions should be completed by the PI authorizing you for CMI access. The signature indicates that you are approved to bill their account and that you are on their approved animal protocol. **In this space please include the UCUC A animal protocol number that will be in use.**

UNIVERSITY OF MICHIGAN  
NORTH CAMPUS RESEARCH COMPLEX

**NCRC Identification Card Request and Access/Change Form**

**Instructions:** The person requesting a new or changes to their current Mcard are to complete this form and obtain their department manager's signature prior to visiting the NCRC ID Station @ 2800 Plymouth Rd, building 18, room G018. Monday - Thursday, 8:30am - 11:30am and 1:30pm - 4:30pm or by appointment. Questions? Call 734-764-9004 or email NCRCAccess@umich.edu

I certify that the data and photo provided that is contained on my University of Michigan identification card are accurate and correct.

**Gardholder Signature and Date:** \_\_\_\_\_  
(To be signed and dated at the time of receiving your new Mcard)

<b>Request is for:</b>			
Name (Last)	_____		(First) _____
U of M Dept ID # or Company Name	_____		Birth Date (mm/dd/yyyy) _____
Email Address	_____		UMID # (12345678) _____
Building & Location (Bldg #)	(Office/Work Station/Lab #)	Phone # (123-456-7890) _____	

**Major Classification** (Select one):  
Note: Faculty, Staff, and Student expiration date is 5 years or less all other classifications are 1 year or less.

Faculty     
  Staff     
  Student (only those affiliated with NCRC)  
 Contractor (Company Name)     
  Contracted Temp (Agency Name)  
 Vendor (Company Name)     
  U of M Temp Employee  
 Tenant (Company Name)     
  Other

**Reason for Request** (Select all that apply):

New and/or NCRC Site Access     
  Move-In Package needed     
  Name Plate (to read)  
 Status Change (Temp/Contractor to Regular)     
  Department Transfer     
  Data Change     
  Name Change  
 Damaged     
  Expired     
  Lost     
  Stolen Report #  
 Other: \_\_\_\_\_

New & Expired Mcards for Contractor's, Contracted Temp's & Vendor's require a \$4 fee. If charging fees to a U of M department, please provide the 6 digit Short Code

**Additional Access** (If other than general site access is needed; indicate below and obtain an Authorized Signature for those areas):

Vivarium     
  Mechanical Room     
  Penthouse     
  Data Closets     
  Roof  
 Other: \_\_\_\_\_

**Approver's Name** (Print Name): \_\_\_\_\_  
**Approver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorizing the issuance/changes of an Mcard**

**Approver's Name** (Print Name): \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**U of M Department Name** (or company name if Tenant): \_\_\_\_\_  
**Approver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NCRC ID Station staff only

<b>Mcard Expiration Date:</b> _____	<b>Issued by:</b> _____	<b>Date:</b> _____
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UMNCRCIDForm3/1/2012