Carl R. Woese Institute for Genomic Biology Entry Request Form

Sponsoring IGB faculty or designated representative (IGB theme secretary or IGB theme lab manager) must sign or send email authorizing keys. Submit form to 1601 IGB Gatehouse Reception Desk or electronically to facilities@igb.illinois.edu.

| First Name: | | Last Name: |
|---|--------------------------------------|--|
| (As it appears on your passport, driver's lic | ense, or I-Card) | |
| Net ID: | UIN # | Email: |
| IGB Office/Lab/Cubicle # | *I0 | GB Office/Lab/Cube Phone# |
| UI or Dept. Phone #: | | Cell: |
| UIUC Home Department & Colle | ege: | |
| Permanent Home Address: | | |
| City | | State Zip Code |
| Preferred Address: IGB Dep | artment Home | |
| DRS Online Trainings Required: | : Yes No | Start Date: |
| IGB Online Training Required: | Yes No | |
| Computer Work Only: | Yes No | |
| Faculty Sponsor: | | |
| • • | | |
| I neme Leader or Designate Sig If no signature, email confirmation wit | nature: h specific room #(s), mus | st be sent by theme leader or designate. |
| Main Theme | | Position Type |
| Administration (ADM) (applica | ble for Gatehouse staff | f & theme secretaries) □ Academic Hourly |
| ☐ Anticancer Discovery from Pets | to People (ACPP) | □ Academic Professional |
| Biosystems Design (BSD) | 0.75 | □ Extra Help |
| Center for Advanced Bioenergy | | |
| Center for Artificial IntelligenceCenter for Genomic Diagnostics | | □ Faculty, Affiliate |
| ☐ Center for Indigenous Science (| | ☐ Research Staff/Specialist |
| Core Facilities (Microscopy/Apo | | ers) Grad – expected graduation date |
| ☐ Environmental Influences on Re | | |
| Gene Networks in Neural & Dev | | , |
| ☐ Genomic Ecology of Global Cha | | □ Post Doc |
| Genomic Security & Privacy (G | ☐ Staff (including civil service) | |
| High-Performance Biological Co | □ UIUC Visitor/Visiting Scholar | |
| Infection Genomics for One Hea | . , | □ Undergrad – expected graduation date |
| Microbiome Metabolic EngineerMining Microbial Genomes (M) | | |
| ☐ Multi-Cellular Engineered Livin | | |
| ☐ Regenerative Biology & Tissue☐ RIPE | | ☐ I require an ADA accommodation |
| | | |

I, undersigned, acknowledge rendering a refundable deposit of \$20.00 for key(s) and receiving receipt(s) for key(s). Upon the end of my stay and returning all key(s) and providing a forwarding address for first class mail, I will be refunded the amount (\$20.00) of my key deposit. I agree not to loan, transfer, give possession of, misuse, modify, alter, or make unauthorized copies of any assigned key(s). If the key(s) issued to me are lost or stolen, I will notify IGB immediately. Upon reissue of said physical key(s), I will be charged a nonrefundable fee of \$20.00. I further accept that if I repeatedly violate this agreement that my privileges of using IGB space and/or resources will be terminated.

| Signature: | Date: |
|------------|-------|
| ~-S | 2400 |