School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON

Department of Psychiatry

BUILDING ACCESS AGREEMENT FORM

FIRST & LAST NAME: _____

PRINCIPAL INVESTIGATOR/SUPERVISOR NAME: _____

WISCARD/BADGE ID NUMBER: _____
*(list identification numbers located on the **backside** of ID card)*

Please mark which status applies to you:

☐ Student for Credit Only

☐ SMPH Appointments (FA, US, AS, EIT, SA, Zero-Dollar, LTE, LI, Student Hourly)

☐ UW Health Employee (UWMF/UWHC)

☐ Visitor (short-term access only)

☐ Other

Your privilege to use this building will be terminated and disciplinary action will be initiated for the following:

1) Passing along or loaning your access card to anyone else.
2) Tampering with or disabling any lock and/or security system on any door.
3) Carrying out any action which jeopardizes the safety of any individual or the security of this facility or any equipment within it.

I agree to the terms as mentioned above.

_____ _____

Signature Date