

**University of Guelph
Department of Integrative Biology
Request for Tap Access**

Last Name: _____ First Name: _____ I.D.#: _____

Position:

Undergrad Student

Research Associate\Assistant

Post Doc

Other
specify _____

Project Student

Start Date: _____

End Date: _____

Access to the following rooms:

Please note that a signature is required before access can be granted to the Autoclave rooms, Phytotron or Genomics

Autoclave training received - J. Buck signature: _____

Phytotron training received - M. Mucci or T. Slimmon signature: _____

Genomics access approval - G. Van Der Kraak signature: _____

Faculty Name: _____

Date: _____

(please print)

Faculty Signature:

This form must be attached to the hiring form and submitted to Debbie Bailey (SSC 2482).

Forms for Project Students should be submitted directly to Connie Davison (SSC 2484).