

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_

Position:

Grad Student

Technician

Post Doc

Other  
specify \_\_\_\_\_

Undergrad

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Access to the following rooms:

Faculty Name: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_

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).