

Research Lab Access Form

Complete and return signed form to ENG478 for processing

APPLICANT INFORMATION

Last Name Fin	rst Name Student/Employee Number
Hotstamp Number	Ryerson Email Address
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Research Supervisor(s) Supervisor 1 Supervisor 2 Research Supervisor(s) Signature	Research Lab(s) Expiry Date

By signing below, I agree to the following terms:

- Not to give or lend the means of access to others;
- Not to copy, alter, duplicate or reproduce the means of access;
- · To use access for authourized purposes only;
- · To safeguard and store the means of access securely;
- · To immediately report lost or stolen means of access.

Student/Employee Signature	Date