

**MICROBIAL SCIENCES BUILDING ACCESS CARD
CHECK-OUT FORM
For OVERNIGHT EXPERIMENT ROOM**

Under UWS 18/06 (12), Wisconsin Administrative Code, it is illegal to transfer, loan or give this access card to an unauthorized person or to retain the card after the return date noted below (by 4:30pm). Violation of UWS 18.06 (12) may result in a fine of not more than \$500 or imprisonment of not more than 90 days, or both.

A fee of \$150.00 per card will be charged for replacement of a lost card. A new card will not be issued until payment is received.

If a card is not returned by 4:30 pm of the return date noted below, or if the replacement fee of \$150 per card is not paid within 5 working days following the return date noted below, the following actions may be taken:

1. Withholding registration, transcripts, certifications and diplomas.
2. Legal action by the University to confiscate the card or recover the replacement fee.
3. Refusal of the University to issue a card(s) or key(s) to any other University building.
4. Deactivation of current Microbial Sciences Building access card.

Please note that you are responsible for bringing your own linens and pillow(s) into the room, and for taking them with you after you've used the room. You are also expected to leave the room as you found it: clean and in good order. The room will be checked at the point you return this access card; if it is not clean and in good order, you will not be allowed to use the room again.

_____ Card Number Issued (found on back of card)

_____ Date Card was Issued

_____ Return Date (4:30pm)

In receiving the card identified above, I agree to use the card in accordance with UWS 18.06(12) and understand the penalties for improper use. I understand that the card is issued for my use in my University appointment and that I am required to return the card by the date/time noted above.

I have read and understand the above and agree to the terms and conditions set form for issuance of the access card.

Name (please PRINT)

Title (staff, grad student, postdoc, undergrad, etc)

PI Name (please PRINT)

Microbial Sciences Access Card #

Signature

Witness Signature

COMPLETE WHEN CARD IS RETURNED:

Date access card was returned

Witness signature, verifying room was inspected and found clean.