



Access Agreement

Last Name **First Name** **M.I.**

University of Alaska ID Number **or** **UAF Visitor Courtesy Card Number**

UAF Affiliation:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Faculty

Staff

Graduate Student

Undergraduate Student

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Research Associate

Visiting Researcher

Volunteer

Visitor

Museum Department: _____

- I have read and understood the UAMN User Access and Security Policy and agree to abide by the provisions therein.
- I agree to not attempt to access areas in the Museum I have not been granted permission to enter.
- I agree to not allow visitors to access areas of the Museum I have not been granted permission to enter.
- I agree to not give my Polar Express Card nor my Museum Key(s) to another individual.

Signature

Date

Please complete and turn in to the Operations Manager a Training Checklist within 10 days of starting work.

-----**To Be Filled Out By Department Head**-----

Position Name for ID Badge: _____

Access Activation Date: _____ **Access Termination Date:** _____

Access: _____

Department Head Signature

Date

Please email an access request, a request for keys (if requesting keys), and a photo for the name badge to the Operations Manager.

-----**To Be Filled Out By Operations**-----

Access Level: _____ **Date:** _____

Museum Courtesy Card Number: _____