Louisiana State University Health Sciences Center - Shreveport
University Police

LSU Health Sciences Center SHREVEPORT

Request for Building Access and Photo ID Card

Photo ❒ Access ❒ Both ❒ Date: _____

Name: _____
(Last) (First) (MI)

Dept./Company: _____ Phone #: _____

Social Security #: _____ ❒ Employee ❒ Student ❒ Student Worker
❒ Volunteer ❒ Other: _____

Position Title: _____

REQUEST FOR ACCESS TO THE FOLLOWING AREAS:

LOCATION	DAYS	HOURS	LOCATION	DAYS	HOURS
Hospital			Clinical Lab		
WCC/ACC			Bone Marrow		
Allied Health (New)			Peds/Newborn		
Medical School			On-Call Area		
Administration Bldg.			Surgical Suites		
Feist-Weiller Cancer Center			Special Procedures		
			Pharmacy		
Clinical Trials Bldg.			Emergency Room		
Poison Control			Medical Records		

❒ **Parking Only**

❒ **Library Access Only**

_____
– Signature Required –

❒ **Contractor / Visiting Student / Observer**
Expiration Date

_____

Department Head approves the requested access. Also, approving department will be responsible for reimbursement to University Police for cards issued to Student Workers, Volunteers, Contractors / Vendors and Observer / Participants if the cards are not returned to UPD upon the person's departure.

_____ _____
Department Head Signature Date

I acknowledge receipt of the above card and agree to pay $20.00 for each card lost, damaged or not returned to the University Police. A $20.00 fee will be paid before a lost or damaged card is replaced.

I understand this card is LSUHSC-S property and must be returned to University Police upon ending my association with LSUHSC-S.

Any misuse or unauthorized use of this card may subject the card holder to disciplinary action.

Library cardholders who are found anywhere other than the Library or 1st floor restrooms may be escorted off the property and subject to revocation of all access privileges.

_____ _____
Employee Signature Certifying Receipt of Card Date

_____ _____ _____
Card # Issuing Official Date Returned