

University of Maryland Department of Chemistry and Biochemistry

Training and Access Request for Optical Lab Room 3217

Chemistry Building 09, room 3217 (3rd floor, wing 2)

Name of requester _____ Signature _____

University of Maryland

Non-department UMD **\$15 per hour**

ID# _____

P.I. Name _____ Signature of PI (REQUIRED) _____

FRS # _____ Department _____

E-mail _____ Phone _____

External Nonprofit

\$25 per hour

Company, Lab name _____

Street address _____

City _____ State _____

Commercial

\$50 per hour

Company, Lab name _____

Street address _____

City _____ State _____

If you do not have a UMD Driver Worktag #, payment can be made by Check or Credit card. One-half hour minimum charge applies for fractional hours.

Lab tech sign off after training _____ Date _____

Access valid through _____