

**INSTITUTE OF MOLECULAR BIOPHYSICS  
KEY/CARD ACCESS AUTHORIZATION FORM**

Please complete this form and get the appropriate signatures. This form must be completed and signed by the appropriate person(s) before key/card access can be issued. *Please attach copy of your FSU ID card.*

**NAME:** \_\_\_\_\_ **Card#** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Permanently housed in IMB:**  Yes  No

**KEYS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PI Name:** \_\_\_\_\_

**Signature of PI:** \_\_\_\_\_  
 (Signature of PI is required) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: If Card Access is not required go to Listserve Section.**

**Please check the appropriate boxes below and return the form to Regina Ware.**  
**\*\*\*NOTE: Obtain necessary signatures below; if you cannot get signature, see Regina\*\*\***  
Authorization/Signatures

_____	_____	<input type="checkbox"/>	External Doors	_____	_____
Start Date	End Date	<input type="checkbox"/>	001 & 005	Director, IMB	Date
		<input type="checkbox"/>	200A & 200C		
		<input type="checkbox"/>	300C		
		<input type="checkbox"/>	400A & 400C		
		<input type="checkbox"/>	500A & 500C		
_____	_____	<input type="checkbox"/>	X-ray Facility	_____	_____
Start Date	End Date		(410 KLB)	Soma	Date
_____	_____	<input type="checkbox"/>	Physical Biochemistry	_____	_____
Start Date	End Date		(300A & 318 KLB)	Mundoma or Hare	Date
_____	_____	<input type="checkbox"/>	Protein Expression	_____	_____
Start Date	End Date		(312A & 312G KLB)	Hare	Date

\*\*\*\*\*  
**MUST JOIN IMBPEOPLE LISTSERVE TO ACCESS BUILDING**

**I have joined imbpeople email list.**  
 (✓) Go to: <https://lists.fsu.edu/mailman/listinfo/imbpeople> \_\_\_\_\_  
 (list below email used to join imbpeople) Michael Zawrotny or Soma \_\_\_\_\_  
**Subscribed Email Address:** \_\_\_\_\_

**(NOTE: Any misuse of form may result in all card access being revoked)**