



Arctic Region Supercomputing Center

Access Lab Agreement

Last Name:		First Name:		Middle Initial:	Student/Staff ID#																
Reason for Access Request:																					
Course or Project:				Instructor:																	
My affiliation with ARSC is: <input type="checkbox"/> ARSC Full-Time Staff <input type="checkbox"/> ARSC Student-Staff Member <input type="checkbox"/> UAF Student <input type="checkbox"/> UAF Faculty <input type="checkbox"/> UAF Staff Member <input type="checkbox"/> Other _____			I require access to the following ARSC Labs: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; vertical-align: middle;">7x24 Full Access</td> <td style="text-align: center; vertical-align: middle;">Su-Sat 5a-12a + Holidays</td> <td style="text-align: center; vertical-align: middle;">Su-Sat 7a-10p</td> <td style="padding-left: 10px;">234 Duckering</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">375C Rasmuson, Discovery Lab</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">009 WRRB, Classroom</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 10px;">011 WRRB, Tech Lab</td> </tr> </table>			7x24 Full Access	Su-Sat 5a-12a + Holidays	Su-Sat 7a-10p	234 Duckering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	375C Rasmuson, Discovery Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	009 WRRB, Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	011 WRRB, Tech Lab
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- I understand that access to each laboratory is limited by the current hours of operation for the building containing the lab.
- I agree to preserve the security of the laboratory and the equipment within. I will not share my authorized access to the laboratory under any circumstance. If I become aware of any unauthorized use of the laboratory or any unauthorized person who has access to the laboratory, I will report it to the laboratory manager and ARSC Help Desk as soon as possible at (8602 or consult@arsc.edu).
- I have read the ARSC Visualization Laboratory Access policy at: <http://www.arsc.edu/support/policy/labaccesspolicy.html>, and agree to abide by the rules therein.
- I understand that if I am granted access to the Discovery Lab, that I must read and abide by the Discovery Lab Use Policy at: <http://www.arsc.edu/support/policy/discoverylabusepolicy.html>.
- I agree to periodically review the Laboratory Access policies and understand that I am bound by the current versions as published. If ever I disagree with provisions of the current, published policy, I will notify the ARSC help desk and request that my access be revoked.
- I agree not to use any equipment in any of the labs of which I have not been explicitly trained or authorized to operate. To use the Discovery Lab equipment requires an additional approval signature below.

Signature of Access Recipient

Date

ARSC Use Only Below This Line

Visualization Lab Access Approved by ARSC Staff Member:	Date:	Expiration Date:
Discovery Lab Equipment Authorization Approved by ARSC Staff Member:	Date:	Expiration Date:

Please deliver this completed form to ARSC in suite #105 West Ridge Research Building