**RESEARCH DATA REGISTRATION/BUILDING ACCESS FORM**

**UMID NUMBER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lorch Hall Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(required: middle 8 numbers of UMID Card)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Faculty/Regular Staff ( ) Visitor ( ) Temp ( ) GSI ( ) RA/PhD

Have you moved to a new office ( ) yes ( ) no…. if “Yes” provide old address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUILDING KEY(S):** For administrative use only:

Room Number Key Issued Date In Date Out

Key #1: \_\_\_\_\_\_\_\_\_\_\_ ( ) new ( ) duplicate ( ) replacement \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Key #2: \_\_\_\_\_\_\_\_\_\_\_ ( ) new ( ) duplicate ( ) replacement \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Key #3: \_\_\_\_\_\_\_\_\_\_\_ ( ) new ( ) duplicate ( ) replacement \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Supervisor or Sponsor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please initial when providing date.

**CARD KEY ACCESS:** ( ) new card ( ) replacement card ( ) loaner card

Access Type Access Granted

( ) Lorch Hall Card Entrance………………. Designate Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR VISITORS, TEMPORART EMPLOYEE AND GRAD STUDENT:**

**Termination Date (required):**\_\_\_\_\_\_\_\_\_\_

The Department of Linguistics carefully monitors building and office keys distributed to all visitors, employees and students. In order to process this request for visitors, temporary staff members and graduate students, please briefly describe why this member needs a key in lieu of a designated regular staff member providing the necessary office access for the visitor, temporary employee or student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following Supervisor agrees to be responsible for the return of listed key(s) upon temporary employee’s termination:

**Supervisor – Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**RESEARCHERS:**

1. Does your research include data that can identify individuals? Yes / No (circle one)

(examples: social security numbers, drivers’ license numbers, educational records, medical records, financial information)

If yes, ( ) I have taken security measures to protect my data

(If using a Dept of Linguistics provided machine you will be contacted for details.)

( ) I need help protecting my data and would like a consultation with Computing **(linglabit@umich.edu)**

2. Did you sign an affidavit for data and/or have you listed Lorch Hall as the address for this data use? Yes / No (circle one)

If yes, ( ) I am in compliance. (If using a Dept of Linguistics provided machine you will be contacted for details.)

( ) I need help verifying compliance and would like a consultation with Computing **(linglabit@umich.edu)**

**KEYHOLDER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**DESIGNATE AUTHORIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**