

SCHOOL OF MEDICINE
“SPECIAL EVENTS” BUILDING ACCESS REQUEST FORM

Please provide all relevant responses and signatures to avoid delays in processing

THIS REQUEST MUST BE SUBMITTED A MINIMUM OF TWO (2) WEEKS IN ADVANCE OF EVENT TO:

Bic Pham-LeCory at bic@ucsd.edu or (858) 822-3879

NAME OF MEETING/EVENT COORDINATOR _____

NAME OF INDIVIDUAL REQUESTING BUILDING ACCESS: _____

UCSD ID NO.: _____ PHONE # _____

DEPARTMENT: _____ MAIL CODE: _____ E-EMAIL _____

SIGNATURE OF DEPT. HEAD/AUTH. OFFICIAL (**REQUIRED!**): _____

TODAY’S DATE: _____ DATE OF EVENT: _____

PERSON/COORDINATOR RESPONSIBLE FOR CLEANUP AND SECURING PREMISES AFTER EVENT IS OVER _____

BEGIN AND END TIMES OF EVENT: (Doors will be set according to these am/pm times!) - _____

SPECIFIC BUILDING(S) AND DOOR(S) FOR WHICH SPECIAL EVENT ACCESS IS BEING REQUESTED:

BSB: 1st Floor Main Doors _____

BIO. MED LIB: Sliding Glass Doors _____

BUILDING 4: 1st Floor Main Doors _____

CMM- E: 1st Floor Main Doors _____

LEICHTAG: 1st Floor Main Doors _____

MTF: 1st Floor Main Doors _____

SKAGGS: 1st Floor Main Doors _____

DO NOT WRITE BELOW THE LINE

Internal Use Only:

VCHS Date/Time Request Received: _____; Customer Contacted and Information Verified: (Time/Person) _____