



Access Form

Principal Investigator Name _____

UMICH Unique Name _____

Department _____

Title/Academic Rank _____

Campus Address with Zip _____ **Campus Phone Number** _____

Additional Staff Members who will submit/edit animal use applications:

1.) Staff Member Name _____ UMICH Unique Name _____

Campus Address _____ Phone Number _____

2.) Staff Member Name _____ UMICH Unique Name _____

Campus Address _____ Phone Number _____

3.) Staff Member Name _____ UMICH Unique Name _____

Campus Address _____ Phone Number _____

4.) Staff Member Name _____ UMICH Unique Name _____

Campus Address _____ Phone Number _____

Please grant these members of my staff access to my protocols.

Principal Investigator Signature _____ Date _____