NIU Molecular Analysis Core (MAC) Facility
Key Card Access Policy and User Acceptance Agreement

This agreement outlines the responsibilities for authorized users of the NIU MAC facility with respect to key card access approval.

1) Key card access to NIU MAC is intended to facilitate ongoing research for those authorized users who have completed New User Registration and the proper instrument training to conduct their own research. Furthermore, key card access is intended to facilitate day-to-day maintenance of the instruments and facility.

2) All safety regulations as outlined in the NIU MAC User Agreement and posted in the facility must be followed.

3) It is understood that key card access is issued in the name of the user as the sole authorized person to access the facility. It is against policy to open the doors for others. It is against policy to allow unauthorized persons from using the key card of an authorized user to access the facility.

4) It is against policy to prop open doors to the facility.

5) It is the responsibility of the user to direct individuals inquiring about accessing the facility to the facility manager or director.

6) Normal access hours are Monday through Friday 6:00 am – 10:00 pm. Users may request, but are not entitled to, other arrangements by contacting the lab manager or director.

7) It is the responsibility of the user to immediately notify the proper authorities if their key card is lost, stolen, or damaged. In such case, it is the responsibility of the user to immediately notify OneCard Services to be issued a new card. This agreement does not alter any requirements by OneCard Services to be issued a new card.

8) User will notify the lab manager or director as soon as possible if they leave NIU (i.e., leave of absence, resignation, etc.)

Rights of the NIU MAC Facility: The NIU MAC facility reserves the right to revoke key card access at any time.

Acknowledgement: I acknowledge that I have read and understand this agreement and, by signing below, accept all terms and conditions contained herein.

Print Name: ___________________________ Department: ___________________________

Signature: ___________________________ Date: ___________________________