

**SPH Facilities Form to Swipe Access**

Please complete this form and send it as an attachment in an email to the Solutions Center ([sph-sc@umd.edu](mailto:sph-sc@umd.edu)). You may use one form to request swipe access for multiple individuals. Please enter the information for each individual on a new line.

1. Requestor (Your name):

2. Full name(s) and UID number(s) of person(s) receiving access

Full name(s):

UID number(s):

3. Room number(s)/Space name(s) for each space where entry is required

4. Affiliation(s) within the School of Public Health (i.e. Graduate student within Kinesiology Department, Graduate student working in a Faculty member's lab, etc.)