

**Center for Nanoscale Systems (CNS) Facility Card Reader Access Form  
Harvard University  
Department of Chemistry and Chemical Biology**

**Request for card reader access for CNS Facility located in Chemistry  
Department including after hours access to Mallinckrodt building.**

**User Name** \_\_\_\_\_ **Group** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Check one: Undergraduate** \_\_\_\_\_ **Graduate** \_\_\_\_\_ **Post-doc** \_\_\_\_\_

**Harvard ID#** \_\_\_\_\_

**Generic Access Card#** \_\_\_\_\_

**(non-Harvard users only)**

**Check room(s) for which you are requesting card reader access(please  
only check room if you have User Status and Scheduling Tool rights for  
that facility):**

**B-05 (FIB DB235)** \_\_\_\_\_

**B-04 (JEOL 2010 TEM)** \_\_\_\_\_

**B-03 (Zeiss Confocal)** \_\_\_\_\_

**Please sign below.**

**Your signature below signifies that you will follow the rules  
and regulations set forth for this laboratory. You will report  
any problems to the appropriate personnel.**

\_\_\_\_\_  
**User Signature**

\_\_\_\_\_  
**CNS staff member**

\_\_\_\_\_  
**Date Approved**