To issue an admission card or to grant access authorization for the first time, the signed application must be submitted to the CBBM office or, depending on the building, to cbbm@uni-luebeck.de (**CBBM**), bmf@uni-luebeck.de (**BMF**), or Petra Höltig (p.hoeltig@uni-luebeck.de) (**House 32**)!

**To be completed by applicants:**

|  |
| --- |
| Last name, first name, title:  |
| Institute/Clinic:  |
| Phone:  | Email:  |
| UKSH ID card [ ]  Number:  |
| UzL ID card [ ]  Number:  |
| UKSH/UzL ID number:  |
| Time period for authorization:  | Building: CBBM [ ]  BMF [ ]  House 32 [ ]  |
| **Enter access authorizations for rooms and areas:**      |
| Room with a permanent workplace (**only 1 entry possible**!):  |

**With my signature, I confirm that I**

* have given the information in this application completely and truthfully,
* have taken note of the house rules and the key / locking guidelines of the UzL as well as other facility-specific usage regulations,
* under no circumstances allow third parties to use the access chip, ID card or access control card,
* consent to my personal data being recorded electronically.

**Signatures**:

Date: Signature of applicant:

Date: Signature of the head of the institute/ group:

Date: CBBM/BMF administration: