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](mailto:cbbm@uni-luebeck.de) (**CBBM**), [bmf@uni-luebeck.de](mailto:bmf@uni-luebeck.de) (**BMF**), or Petra Höltig ([p.hoeltig@uni-luebeck.de](mailto: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: