

Research Laboratory Visitor Security Clearance Document

Notice: This document must be completed, signed, and presented to the Security Desk prior to entering the restricted research areas. Please print this form after filling in the required fields.

1. Visitor Personal Information

Full Name (Last, First, Middle):

Representing Organization / Agency:

Citizenship / Country of Issue:

ID / Passport Number:

2. Visit Details

Date of Visit (YYYY-MM-DD):

Purpose of Visit:

Host / Sponsor Name:

Assigned Escort Name:

3. Security Access Authorization

Specify the designated laboratory zones and security clearance level required for this visit.

Authorized Laboratory Zones (e.g., Bio-Safety Level, Laser Lab, Cleanroom):

Security Clearance Level (e.g., Escorted, Unescorted, Restricted):

4. Emergency Contact Information

Emergency Contact Name:

Relationship to Visitor:

Emergency Telephone Number:

5. Security Declarations and Signatures

By signing below, the visitor agrees to abide by all laboratory safety regulations, non-disclosure agreements, and security protocols. Photographic or recording equipment is strictly prohibited unless specifically authorized.

Visitor Signature (Sign after printing): [Sign on Printed Copy] Date:

Escort Signature (Sign after printing): [Sign on Printed Copy] Date:

Authorizing Security Officer Name: Approval Date:

Security Officer Signature: [Sign on Printed Copy]