

FRANCES McCLELLAND INSTITUTE FOR CHILDREN, YOUTH, AND FAMILIES
LANG CHILDREN AND FAMILY OBSERVATION LAB
ACCESS AGREEMENT

Page 1 of 2

Name: _____

- University of Arizona Affiliated? Yes No
If No, please indicate home institution: _____

- Norton Affiliated? Yes No
If No, please indicate Department: _____

- Graduate Student Yes No

- Undergraduate Student Yes No

- Faculty Yes No

Norton Faculty Sponsor _____

Reason Access is Requested _____

Room(s) to Which Access is Requested _____
(See attached maps)

Period for Which Access Requested:

Year 20____ Fall Semester Spring Semester Summer

Indefinite (please explain) _____

UHours For Which Access Requested:

Building Access has been obtained from Norton School Business Office Yes No

Standard (Mon-Fri, 7:30am-5pm) Extended (Sun - Sat, 7:30am-10pm) 24/7 (Open Access)

If requesting extended or 24/7 access please explain (Note: After-Hours access is available only to UA CatCard holders)

FRANCES McCLELLAND INSTITUTE FOR CHILDREN, YOUTH, AND FAMILIES
LANG CHILDREN AND FAMILY OBSERVATION LAB
ACCESS AGREEMENT

Page 2 of 2

ACKNOWLEDGEMENTS:

With my signature below, I hereby acknowledge and agree that:

- (1) The above requested access is to be used exclusively for research or projects directly related to McClelland Institute activities.
- (2) I shall not extend access to anyone not also related to my research activities.
- (3) There will be an electronic recording of my entrance(s) for any after-hours access to the McClelland Institute offices.
- (4) I have completed The University of Arizona's Human Subjects training (CITI) and have provided evidence thereof to the McClelland Institute's director.
- (5) I have reviewed the McClelland Institute's Policies and Procedures governing use of the Lang Family Observation Lab and have provided the Institute's Director with an executed signature page.

Applicant (Print) Name and Signature

Email Address

Telephone Contacts (work/mobile)

APPROVAL

Director, Frances McClelland Institute
