



**a place of mind**  
**THE UNIVERSITY OF BRITISH COLUMBIA**

**Faculty of Education**

**Department of Educational & Counselling Psychology, and Special Education**

**FACULTY KEY REQUEST FORM - NEVILLE SCARFE ACCESS**

Name:	
Job Title/Position: <i>e.g.) Faculty, Sessional, Visiting Scholar, Staff</i>	
Employee Number:	
Contact Number:	
Email Address:	

**After Hours Office Block Access?**

**No**

**Yes**

Your UBCcard is used for "Access Token" (electronic FOB key activation). Activating your UBCcard will grant after-hours access to the **Scarfe Office Block only**.

If you wish to gain access, please provide your iClass number (5 or 6 digit number following the asterisk (\*)):

Building (Office or Library Block)	Room Number



iClass Number

Print Name (Key Applicant): \_\_\_\_\_

Signature (Key Applicant): \_\_\_\_\_

Date: \_\_\_\_\_

*Turn over to complete the safety checklist...*