



# McGill

Department of Psychology

2001 McGill College / Stewart Biology Building

## Building & Lab Access Authorization

First Name	Last Name	Status
Email		I.D. No
Montreal Address		
		Phone

Room #		Description (lab, office, etc.)

Admittance Period \_\_\_\_\_ To \_\_\_\_\_

APPROVING  
FACULTY

Print name \_\_\_\_\_

Signature \_\_\_\_\_

DATE \_\_\_\_\_