

Security Access Request Letter

Attention: Samantha McManus MRT R, MR
MRI Facility Manager
smcman2@uwo.ca

I, _____, hereby request security access to the 3T MRI
Name of Principal Investigator (please print)
facility for the individual named below. I understand that security access is subject to
the discretion of the 3T MRI facility director(s) and may be revoked at any time. I also
understand that in order to obtain and maintain security access, this individual must
complete the appropriate safety training outlined in *SOP # 220 "Safety and Operator
Training Procedure"*.

Furthermore, I declare that I will take full responsibility for the actions of this individual,
including any acts of negligence which may cause damage to equipment or physical
injury to themselves or individuals working under their supervision. I am also aware that
individual is responsible for the quality of their own data (if applicable), while working in
the 3T MRI facility.

Name of individual requiring security access: _____

Position (Graduate Student, RA, etc): _____

Principal Investigator Signature: _____

Date: _____