

ROTATION STUDENT INFORMATION

LAB:	Phone: ()
Name of Rotation Student:	
Type of Student (i.e., undergrad/graduate/medical/etc.):	
Graduate Program:	
Student ID Number or Social Security Number:	
<small>Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of The Regents of the University of California under Art. IX, Sec. 9 of the California Constitution. The social security number is used to verify your identity.</small>	

Student's Email: _____

<i>Local</i>	Street	
<i>Address</i>	City	State
	Zip	
	Phone ()	

<i>Permanent</i>	Street	
<i>Address</i>	City	State
	Zip	

Emergency Contact

Name/Phone: _____

Brief Description of Rotation Student's Activity

To be completed by the PI

Beginning Date:	Ending Date:
Department Contact/Phone:	
<small>*PI shall provide and document all necessary safety training and personal protective equipment needed by the rotation student to safely perform his/her research.</small>	
<small>*Lab key to be issued?: (Y/N) _____ If 'Y,' Building/Room #: _____</small>	
<small>*PI's Signature: _____</small>	

This completed form to be retained in our department files.

To be completed by Key Master:

Lab Key #: _____