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GLENN L MARTIN INSTITUTE OF TECHNOLOGY
A. JAMES CLARK SCHOOL OF ENGINEERING
Department of Materials Science & Engineering
Nuclear Reactor & Radiation Facilities
Timothy W. Koeth, Acting Director

Dear Visitor,

Prior to your upcoming visit to the University of Maryland's Radiation Facilities we require some basic information to ensure everyone's safety and security. Please fill in this form and return to Timothy Koeth at koeth@umd.edu or Rm. 2303 Building 090 University of Maryland, College Park, MD 20742. *

Name: _____
First Middle Last

Date of Birth: ____/____/____ **Country of Citizenship:** _____

SSN: ____-____-____ **Passport number:** _____ (if not a US Citizen)

Affiliation: _____

UID: _____ (For University of Maryland affiliates only)

Driver's License Number: _____ (if available)

Dates for which access is being requested:

From: ____/____/____ To: ____/____/____

Reason for visit:

I certify that all of the information above is, to the best of my knowledge, true, correct and complete.

Signed Date

Director Approval

Signed Date

UMPD Approval (if not affiliated with the University of Maryland)

Signed Date

* Forms must be received a minimum of 48 hours before planned visit. A completed form is in no way a guarantee that admittance will be granted.