

**SITE LOCATION:**

- Fredericton
- Saint John
- Moncton

## Visitor Access Request Form

**One piece of photo ID at NB-IRDT is required at the time of visit.**

**Acceptable forms of ID:** Current Canadian Passport, Canadian Citizenship Card, Canadian Permanent Resident Card, Driver's License, UNB ID Card

**DATE OF VISIT:** \_\_\_\_\_

**PERSONAL INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**AFFILIATION:**

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Academic       | Institution Name: _____  |
| <input type="checkbox"/> Government     | Department Name: _____   |
| <input type="checkbox"/> NGO            | Organization Name: _____ |
| <input type="checkbox"/> Private Sector | Organization Name: _____ |
| <input type="checkbox"/> Other          | _____                    |

**PURPOSE FOR VISIT:**

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Tour of facility                    | Event Name: _____           |
| <input type="checkbox"/> NB-IRDT Approved Project Site Visit | Project Title/Number: _____ |
| <input type="checkbox"/> Other                               | _____                       |

**NAME & ROLE OF NB-IRDT HOST:** \_\_\_\_\_

*I understand that NB-IRDT's policies are available to me at <https://www.unb.ca/fredericton/arts/nbirdt/privacy-policies.html> to familiarize myself with these policies. By signing below I am indicating that I have read and agree to all of the NB-IRDT Policies and undertake to abide by them. In consideration of UNB allowing the visit to the NB-IRDT facility, I the undersigned do waive and release each and every right or claim I have or may have against UNB, its officers, agents, employees, students or representatives and save them harmless from any claim, damage or cost related to my use of the facility and for all and any injuries, accidents or mishaps occasioned by myself that I might sustain while visiting the NB-IRDT facilities.*

*Personal information requested on this form is being collected as provided for under the New Brunswick Right to Information and Protection of Privacy Act (RTIPPA) S.3. All completed forms are returned to the Office of Research Services, Vice President (Research), where they are retained per UNB records management practices.*

\_\_\_\_\_  
**Signature of Visitor**

**Name:** \_\_\_\_\_

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

**For Office Use Only**

Type of Photo ID: \_\_\_\_\_

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Notes: