## Access Control of the Measurement Rooms in the Joint Research Laboratory

Futoshi Iwata, Director of Center

Thank you very much for using the Hamamatsu Instrumental Analysis Center.

The Vein Authentication Entry System has been installed in the measurement rooms of the Joint Research Laboratory. You need to register to the system to use machines in the measurement rooms. If you would like to apply, please fill in the application form and submit it to our office in the Joint Research Laboratory Room 101. Students should get approval from their supervisor before submitting.

And if you agree to the following, your application will be accepted.

- \* Please observe the center's rule and follow the instructions of the staff.
- \* If you enter the room with your companions, you are responsible for everyone's actions.
- \* If your usage is deemed to be problematic, we will delete your registration and restrict your use of machines.

It should be noted that we never use the vein pattern for any other than this system.

ID numbers are allocated as shown in the table below.

\* means an arbitrary number.

	ID Number	Expiration Date
Center's staff	0**	Until transfer or retirement
Faculty and staff at Hamamatsu Campus	1***	Until transfer or retirement
Faculty and staff at Shizuoka Campus	1****	Until transfer or retirement
Undergraduate, master and doctoral students	Student ID number	The end of last academic year
Research students and co-researchers	8****	Only for the period required
Off campus users	9***	Only for the period required

NOTICE: Students from undergraduate to postgraduate courses are required to re-register.

Director of Center (extension 1756)

## Joint Research Laboratory

備考

## Application Form for Registration of the Vein Authentication Entry System Hamamatsu Instrumental Analysis Center

Application Date (mm/dd/yyyy)	/ /							
	Family Name	First	Name	Middle N	ame	Gender		
Name						□ M □ F		
E-mail Address								
Position	☐ Faculty ☐ Student ☐ Other ( )							
<for student=""> Student ID Number</for>	<for faculty=""> ID Number  (Please</for>			(Please	e enter any four digits.)			
Faculty and Department								
Grade	□ Doctor □ Master □ Undergraduate (□ 1 □ 2 □ 3 □ 4)					$\square \ 2 \square \ 3 \square \ 4)$		
Expected Graduation Date (mm/dd/yyyy)	/ /							
* Students and student equivalents must obtain consent from their supervisor.								
Signature of Supervisor		_						
E-mail Address		Extension Number						
* The registration process of vein patterns is carried out in Room 101 of the Joint Research Laboratory.  Please call extension 1756 to check whether staff are available and then bring this application in person.								
センタ一記入欄	登録 可	• 7	下可 (			)		
登録日・有効期限	年	月	日登録	年	月	日まで有効		