FACILITIES MANAGEMENT
UCMERCED

UNIVERSITY OF CALIFORNIA MERCED
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FACILITIES.UCMERCED.EDU
209.228.2986

MetaBIM Access Request Form

Provide First and Last Name.

Provide your UCM email.

What is your position in the university?

☐ Staff

☐ Faculty

☐ Graduate

☐ Undergraduate

Specify your campus department.

Specify your job title in your department.

Please provide the full name of your manager.

first. further. forward.

Which information do you need access to on MetaBIM?

Yes   No

Would you like training in how to find information on MetaBIM?   ☐   ☐

If so, which days/times work best with your schedule. (30 min session)

Provide your signature affirming the information above.

_____ Date: _____

Your Manager's Approval Signature

_____ Date: _____

MetaBIM Administrator Approval Signature

_____ Date: _____

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