

SCS EPR LAB
Financial Authorization and Responsibility Form

Today's Date: _____

Your Name (Print): _____
 User Last Name User First Name

I-Card Number (16 digits): _____

Email Address: _____

Cell Phone: _____ Group Lab Phone: _____

Research Adviser: _____

Department: _____ Area: _____

School: _____ Building and Room Number: _____

Research Account: 1 - _____ - _____

Activity Code (if any): _____

Academic Status (Circle One): Undergrad Grad Postdoc Visiting Scientist Faculty

The person identified above is performing research in my group and has a legitimate reason for learning to operate and use EPR Lab instrumentation for his/her research. With my signature, I authorize payment from the above indicated research account for use of and any negligent damage to EPR Lab instrumentation while he/she is using it.
As a user of the SCS EPR Lab, I agree to keep private my ChemFOM password for my personal use only. I further agree to abide by all the rules and guidelines of the EPR Lab, and I realize that use of the Lab is a privilege that can be revoked by the EPR Lab Staff at any time if rules are not followed.

Signed: _____
 Signature of Research Adviser

Signed: _____
 Signature of EPR Lab User
