CB500 Account _____
B600 Account _____
A149 CLSL Door Access _____

SCS NMR LAB – CB500 and B600
CFOP Authorization and Responsibility Form

Today's Date: _____

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

I-Card Number (16 digits): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Email Address : _____

NMR Directory Name : _____

Research Adviser: _____

Department: _____ **Area:** _____

School: _____ **Building and Room Number:** _____

Research CFOP Account: 1-_____-_____-_____
Activity Code (if any): _____

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

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As a user of the SCS NMR Lab:

- I agree to keep the NMR Staff informed of my current CFOP for use on the CB500 and B600 NMR Spectrometers.
- I agree to NOT USE tape labels on my NMR tubes.

Signed: _____
Signature of NMR Lab User

Name of NMR Trainer: _____

Signed: _____
Signature of NMR Trainer