BTN60 Directory _____
A149 CLSL Door _____
ChemFOM Permission _____

SCS NMR LAB – BTN60
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:** _____

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 performs research in my group and has a legitimate reason for learning to operate and use NMR 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 NMR Lab instrumentation while he/she is using it. I further recognize the Acknowledgment and Co-Authorship Guidelines for the NMR Lab presented here*:

Click here for Authorship Guidelines

Signed: _____
Signature of Research Adviser
(For new NMR accounts only)

As a user of the SCS NMR Lab, I agree to keep private my ChemFOM and CB500 passwords for my personal use only. I further agree to abide by all the rules and guidelines of the NMR Lab, and I realize that use of the Lab is a privilege that can be revoked by the NMR Lab Staff at any time if rules are not followed. This applies to all NMR spectrometers. I further recognize the Acknowledgment and Co-Authorship Guidelines for the NMR Lab*:

Click here for Authorship Guidelines

Signed: _____
Signature of NMR Lab User