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**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

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The person identified above performs 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. I further recognize the Acknowledgment and Co-Authorship Guidelines for the EPR Lab presented here\*:

[Click here for Acknowledgment and Co-Authorship Guidelines](#)

As a user of the SCS EPR Lab, I agree to keep private my ChemFOM passwords 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. This applies to all EPR spectrometers. I further recognize the Acknowledgment and Co-Authorship Guidelines for the EPR Lab\*:

[Click here for Acknowledgment and Co-Authorship Guidelines](#)

Signed: \_\_\_\_\_  
Signature of Research Adviser

Signed: \_\_\_\_\_  
Signature of EPR Lab User

\*Please acknowledge in publication and presentations  
the School of Chemical Sciences EPR Lab at the University of Illinois.

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