CB500 Account	_____	**Directory Name**	_____
VT Training	_____	**E-mailed to Director**	_____
UI500NB Training	_____	**Added to 146 Door**	_____
UI600 Directory	_____	**ChemFOM Initial Permissions**	_____
55 Noyes Door	_____	**Quiz, Puzzle, SunDS, NMR Data**	_____
750NB Directory	_____	**Added to NMRFS**	_____
A151 CLSL Door	_____	**Four Permissions**	_____
B600 Account	_____	**Record to Spreadsheet**	_____
A149 CLSL Door	_____		

SCS NMR 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:** _____

Research Adviser: _____

Department: _____ **Area:** _____

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

Research Account: 1 - __ __ __ __ __ __ **-** __ __ __ __ __ __ **-** __ __ __ __ __ __

Activity Code (if any): _____ **NMR Trainer:** _____

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

As a user of the SCS NMR Lab, I agree to keep private my ChemFOM, CB500 and B600 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

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

****

Staff Use Only

Initial Group: _____ **Current Group:** _____ **(see new form on file)**

Sent request to move directories _____
Directories moved _____

ND – 29 October 2026