CB500 Account VT Training UI500NB Training UI600 Directory 55 Noyes Door 750NB Directory A151 CLSL Door B600 Account A149 CLSL Door	Directory Name E-mailed to Director Added to 146 Door ChemFOM Initial Permissions Quiz, Puzzle, SunDS, NMR Data Added to NMRFS Four Permissions Record to Spreadsheet
SCS NMR LAB <u>Financial Authorization and Responsibility Form</u>	
Today's Date:	-
Your Name (Print): User Last Name	User First Name
I-Card Number (16 digits):	
Email Address: C	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 Gra	•
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	Click here for Authorship Guidelines
Signed: Signature of Research Adviser	Signed:Signature of NMR Lab User
*Please acknowledge in publication and presentations the <u>School of Chemical Sciences NMR Lab</u> 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 – 13 March 2024