Authorized Users Signature Log Schedule II-V Controlled Substances

Signatures of all persons designated by the Unit Registrant as Authorized Users of Schedule II-V Controlled Substances for this Location are required according to Virginia Commonwealth University's policy.*

Lab Location Address (Building and Room #):					
Unit Regist	rant Name (Print):				
Date Signed	Name (Print)	Job Title	Signature	Initials As Used in CS Records	Date Departed
	rtify that I have designated the p te Departed" is entered.	erson(s) listed above as Authorize	d Users for this location. Pers	on is no longer an A	Authorized User
Unit Registrant's Signature:			Date:		
*Strike thro	ough unused lines to avoid additi	on of names after signature.			

Instructions: Maintain in Registrant Records. Questions should be addressed to: controlsub@vcu.edu