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

**Lab Location Address** (Street, Building and Room #):

**Unit Registrant Name** (Print):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date**  **Signed** | Name  (Print) | **Job Title** | **Signature** | **Initials** **As**  **Used in CS**  **Records** | **Date**  **Departed** |
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I hereby certify that I have designated the person(s) listed above as Authorized Users for this location. Person is no longer an Authorized User when a “Date Departed” is entered.

**Unit Registrant’s Signature\***: **Date**:

\*Strike through unused lines to avoid addition of names after signature.

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