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 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