

Authorized Users Signature Log Schedule I Controlled Substances

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

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