

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 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