

Authorized Users Signature Log Schedule I Controlled Substances

The Office of the Vice President for Research and Innovation requires signatures of all persons designated by the registrant as authorized users of Schedule I controlled substances for this location.

Lab Location Address (Street, Building, and Room #)	
Registrant Name (Print)	

Date Signed	Full Name of Authorized User (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.

Registrant's Signature*:	Date:
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*Strike through unused lines to avoid addition of names after signature.

Instructions: Retain in registrant's records for two years from the date of the last departure on the record. If any questions, email: controlsub@vcu.edu