

Oregon State University

Authorized Users Signature Log

List the names, titles and signatures of all persons (employees and agents) designated by the Principle Investigator as persons authorized to conduct research using the Controlled Substance(s) at this Location.

Lab Location Address: (building and room #) _____

Principle Investigators Name: (print) _____

Date Signed	Name Please print	Job Title	Signature	Initials As used in CS records	Date Departed

I hereby certify that I have designated the persons listed above as Authorized Users for this location. Person is no longer an Authorized User when a "Date Departed" is entered.

Principle Investigators Signature: _____ **Date:** _____