

PURDUE UNIVERSITY CONTROLLED SUBSTANCE AUTHORIZED USERS LIST

(Note: For security purposes, the number of individuals who have access to controlled substances should be limited.)

Registrant Name: _____

Location Name: _____

Location Address: _____

- Each authorized user must complete the Social Security Number Release Form (REMCS Form 6).*
- Complete the information requested below, attach a REMCS Form 6 for each user listed, and submit this form to REM.

Below is a current list of all persons designated by me, the DEA license holder, to access controlled substances at the above location address.

Name (Print or Type)	Signature (Legal Signature)	Date of Birth (MM/DD/YYYY)	Initials (As Written on the Administered/Dispensed Record)	Social Security Number Release Form
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

I hereby certify that I have designated the persons listed above as Authorized Users for this location.

Registrant Signature: _____ **Date:** _____

Send with DEA license registration. Send a copy to Biosafety Officer/REM/CIVL. Keep a copy with your records. Update any changes in listed personnel immediately.

* Individuals who opt not to release their social security number will not be allowed to use or handle controlled substances and cannot be added to this list.