

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: _____ **Registration Number(s):** _____

Location Name: _____

Location Address: _____

Below is a current list of all persons designated by me, the DEA license holder, to access controlled substances at the above location address. Each authorized user must complete the information requested.

Name <small>(Print or Type)</small>	Signature <small>(Legal Signature)</small>	Date of Birth <small>(MM/DD/YYYY)</small>	Initials <small>(As Written on the Administered/Dispensed Record)</small>

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.