

## Authorized Users Signature Log

Signature of all persons designated by the Principal Investigator as Authorized Users for this Location are required.

Principal Investigator Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date Signed	Key / Combination <small>(Yes or No or Both)</small>	Name (Print)	Title	Signature	Initials (As used in research records)	Date Departed

I 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.

Principal Investigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_