



Name: \_\_\_\_\_

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

PSC, NSC or Kell/Room No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Lab Phone #: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

**Return to:** Debby Walthall, PSC 519 with a copy  
front and back of your Panthercard

Rm #	Equipment to be Used	Access
	<b>PSC</b>	
543/555	Ultracentrifuges	<input type="checkbox"/>
	<b>NSC</b>	
460	Ultracentrifuges	<input type="checkbox"/>
	<b>Kell Hall</b>	
405	Ultracentrifuges	<input type="checkbox"/>

**Applicant Signature:**

\_\_\_\_\_

As a member of the Research Faculty in the Biology-  
Department, I understand that my **Department and I**  
**are responsible for any damage** that may occur as a  
result of the use (or misuse) of the core facility by the  
student/staff member (named above).

**Mentor's Signature:**

\_\_\_\_\_

**Panther Card No. (# on front of Card)**

**601708**\_\_\_\_\_

**Authorization:**

\_\_\_\_\_