



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

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

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

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

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

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

PI's Name: \_\_\_\_\_

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

Rm #	Equipment to be Used	Access
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PSC 633	Implen Spectrophotometer	<input type="checkbox"/>
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**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).

**PI's Signature:**

\_\_\_\_\_

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

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

**Authorization:**

\_\_\_\_\_