Name: ________________________________  Date: ________________
PI's Name: ____________________________  E-mail Address: ________________
Lab Room # (PSC, NSC or Kell): _______  Panther Card No. 601708 _____________
Lab Phone #: (404) 413 _______  Cell Phone #: ________________

<table>
<thead>
<tr>
<th>Location</th>
<th>Equipment to be Used</th>
<th>Access</th>
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<td>PSC 563</td>
<td>AFM</td>
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Signature: ________________________________

*As a member of the Research Faculty at Georgia State University I understand that my Department and I are ultimately responsible for any damage that may occur as a result of the use (or misuse) of equipment in the core facility by the student/staff member (named above) and that we will recompense the core facility for any damage to equipment or facility that occurs as a consequence of this use.

PI's Signature*: ________________________________

Approved by Director / Dept. Chair*: ________________________________

Return to: Debby Walthall (PSC 519) along with a scanned copy of your Panthercard (FRONT & BACK)

Authorization: ________________________________