Name: ________________________________
PI's Name: __________________________
Lab Room # (PSC, NSC or Kell): _________
Lab Phone #: (404) 413 _________

Location       Equipment to be Used     Access
PSC 535
Fortessa  [ ]
Canto  [ ]

Date: ______________________
E-mail Address: ________________________
Panther Card No. 601708 ________________
Cell Phone #: ________________

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:

______________________________