Name: __________________________________________

Date: _________________________________________

PI’s Name: ______________________________________

E-mail Address: _________________________________

Lab Room # (PSC, RSC, NSC, Kell or STA): ________

Panther Card #: 601708 ____________________________

Lab Phone #: 404-413 _____________________________

Cell Phone #: _________________________________

Signature:

_____________________________________________

*As a member of the Research Faculty at Georgia State University, 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) 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 Core Director / Dept. Chair:

_____________________________________________

Return to: Sonja Young (PSC 519) along with a copy of your Panthercard (FRONT & BACK)

Authorization:

_____________________________________________

Training Date: _________________________________

Security Date: _________________________________

Introduction to Equip training Date: ______________