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 #: _______________________

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PI’s Signature:
_____________________________________

Approved by Core Director / Dept. Chair:
_____________________________________

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

Authorization:
_____________________________________

Training Date: _______________________

Security Date: _______________________

Introduction to Equip training Date:
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