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).

Name: ________________________________ Date: __________________________
PSC, NSC or Kell/Room No.: ____________ E-mail Address: __________________________
Cell Phone #: _________________________ Lab Phone #: _________________________
PI’s Name: ____________________________

Rm #  Equipment to be Used  Access
PSC 535  Canto  

Applicant Signature: ______________________________

PI’s Signature: ________________________________

Panther Card No.  (# on front of Card)

601708__________________________

Authorization: ____________________________