

## Authorized Users Signature Log Schedule II-V Controlled Substances

The Office of the Vice President for Research and Innovation requires signatures of all persons designated by the registrant as authorized users of Schedule II-V controlled substances for this location.

<b>Lab Location Address</b> (Street, Building, and Room #)	
<b>Registrant Name</b> (Print)	

Date Signed	Full Name of Authorized User (Print)	Job Title	Signature	Initials As Used in CS Records	Date Departed

I hereby certify that I have designated the person(s) listed above as authorized users for this location. Person is no longer an authorized user when a "Date Departed" is entered.

<b>Registrant's Signature*:</b>	<b>Date:</b>
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\*Strike through unused lines to avoid addition of names after signature.

Instructions: Retain in registrant's records for two years from the date of the last departure on the record. If any questions, email: [controlsub@vcu.edu](mailto:controlsub@vcu.edu)