

Signatures of all persons designated by the DEA Registrant as Authorized Users for this Location are required according to University of Florida Controlled Substances policy

DEA Registrant (Print Name): _____ DEA Registration Number: _____

Registration Address (lab location): _____

Date Signed	Print Name	UFID #	Signature	Initials (as used in CS records)	Date Departed

I hereby certify that I have designated the persons listed above as Authorized Users for this location and they have completed the Authorized User Screening Questionnaire. A person is no longer an Authorized User when a "Date Departed" is entered.

DEA Registrant Signature: _____ Date: _____