

**VOICE NMR LAB
Financial Responsibility Agreement Form
(Authorization Form)**

(Please Print)

Name: _____ Date: _____
(Last, First)

U of I ID Number: _____

Email Address: _____ Lab Phone: _____

Please give your complete campus mail address:

Box: _____ Room & Building: _____

Department: _____ Division: _____ School: _____

Research Account number: _____ Advisor: _____

If this is a MRL Account number, enter the SUB CODE: _____

Academic Status (Circle One)

Undergraduate Graduate Postdoc Faculty Visiting Scientist

The person identified above, who is doing research with me, has what I consider a legitimate reason for learning to operate, and subsequently using, the VOICE NMR Lab instrumentation in his/her research. I authorize payment from the above indicated research account, for usage of and any damage to the VOICE NMR Lab instrumentation while he/she is using it.

Signed, _____
(Signature of Research Director)

