SCS EPR LAB Financial Authorization and Responsibility Form

Today's Date:	
Your Name (Print):User Last Name	User First Name
I-Card Number (16 digits):	-
Email Address:	
Cell Phone: Grou	p Lab Phone:
Research Adviser:	
Department:	Area:
School:	Building and Room Number:
Research Account: 1	
Activity Code (if any):	
Academic Status (Circle One): Undergrad Grad	l Postdoc Visiting Scientist Faculty
The person identified above performs research in my group and has a legitimate reason for learning to operate and use EPR Lab instrumentation for his/her research. With my signature, I authorize payment from the above indicated research account for use of and any negligent damage to EPR Lab instrumentation while he/she is using it. I further recognize the Acknowledgment and Co-Authorship Guidelines for the EPR Lab presented here*: https://scs.illinois.edu/system/files/inline-files/Acknowledgment%20and%20Co-Authorship%20Guidelines%20EPR.pdf	As a user of the SCS EPR Lab, I agree to keep private my ChemFOM passwords for my personal use only. I further agree to abide by all the rules and guidelines of the EPR Lab, and I realize that use of the Lab is a privilege that can be revoked by the EPR Lab Staff at any time if rules are not followed. This applies to all EPR spectrometers. I further recognize the Acknowledgment and Co-Authorship Guidelines for the EPR Lab*: https://scs.illinois.edu/system/files/inline-files/Acknowledgment%20and%20Co-Authorship%20Guidelines%20EPR.pdf
Signed: Signature of Research Adviser	Signed: Signature of EPR Lab User
*Please acknowledge in publ the <u>School of Chemical Sciences EP</u>	•
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