

Authorized Users Signature Log

Signatures of all persons designated by the Location Registrant as Authorized Users for this Location are required according to U of M Academic/Administrative Policy 2.1.4.

Location Registrant Name: _____

Location Address: _____

Unit Registrant Name: _____

Date Signed	Name <small>Please print</small>	Job Title	Signature	Initials <small>As used in CS records</small>	Date Departed

I hereby certify that I have designated the persons listed above as Authorized Users for this location. Person is no longer an Authorized User when a "Date Departed" is entered.

Location Registrant Signature: _____

Date: _____