

Center for Neuroscience
Request for Access

<u>Requestor's Names</u>	<u>Room #'s</u>
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Lab Affiliation:

Authorization for above listed person(s) to receive access:

I, _____ authorize the issuance of
(PI of Lab Affiliation)

Access to:

- Array Tomography room 510I at Neurosciences building to above list of lab personnel.

Signature (Authorized Individual of Room/Lab)

- Please note that access to this room needs to be authorized by the Principal Investigator of the person requesting access.
- The PI will take responsibility for their respective lab personnel's use of this room, including responsibility for any damages of equipment in room.