

**MISSISSIPPI STATE UNIVERSITY
OFFICE OF RESEARCH COMPLIANCE & SECURITY**

Phone (662) 325-0994

REGISTRATION to CONDUCT RESEARCH with a CONTROLLED SUBSTANCE (CS)

Registrant Name:	Registration Number(s):
Building/Location:	Room #:
Email:	Office #: Cell #:

Below is a current list of all persons designated by me, the DEA license holder, to access controlled substances at the above location and room.

*Each authorized user must provide the information requested.

Name (Print or Type)	Signature (Legal Signature)	Date of Birth (MM/DD/YYYY)	Initials (Initial as you would on CS Log)

I hereby certify that I have designated the persons listed above as Authorized Users for this location.

Signature of DEA License Holder: _____ Date: _____

Send this form with a PDF copy of your DEA license registration to tsmith@orc.msstate.edu. Keep a copy of this form with your records.

Please update any changes in listed personnel or registration immediately.