



Controlled Substance Authorization Update

Instructions: *The form must be completed by the registrant. The form can be completed online but it must be printed and signed. Submit all signed originals to the Health Sciences Campus Safety Coordinator. Place a copy in the Controlled Substances Manual.*

Section 1- Contact Information			
Registrant Name: _____		Department: _____	
Phone No.: _____		Lab Location: _____	
Section 2- Reason for Change			
<input type="checkbox"/> There has been significant changes in the use of controlled substances or procedure used in my research.			
<input type="checkbox"/> The authorized user(s) in my lab has either joined the program or will be leaving my laboratory.			
<input type="checkbox"/> I will be leaving the University of Central Florida.			
Section 3- Authorized User(s)			
Add	Remove	<u>Name</u>	<u>Title and Phone #</u>
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
Section 4- Reason for Changes			
Section 5- Certification			
I certify that I have read and understood the UCF Possession of Prescription Drugs and Controlled Substances Procedure. I further certify that, to the best of my knowledge, the information provided in this form is complete and accurate. I will notify the HSC Safety Coordinator of any loss of controlled substances or discrepancies in recordkeeping immediately upon discovery.			
Name: _____		Signature: _____	Date: _____