

Texas A&M University
Department of Chemistry

Shops/Services Authorization Request

Name: _____

UIN: _____

Account/Project #: _____

Date: _____

Length of Stay: Permanent: _____ If Temporary, How Long? _____

Room Lab/Office: _____

Phone Number: _____

Email: _____

Replacement/Change: _____ Yes _____ No Account Change (No Card will be issued): _____ Yes

Has this individual completed General and Work Area Specific Safety Training: _____
(Stockroom Card will not be issued if required Hazardous Communication Program Safety Training has not been completed.)

Is this individual:

- A TAMU Faculty/Dept. Staff _____
- A TAMU Research Staff _____
- A TAMU Student
 - Graduate _____
 - Undergraduate _____
- An Approved Visiting Scholar _____

Advisor: _____
(Print Name) _____
Advisor's Signature [Required]

**Please return this form to Chemistry Building Room 118
Office Use Only**

Approved: _____

Office Supplies Only: _____

Completed General & Work Area Specific Hazardous Communications Program Training: _____

Employment Status in Department: _____