

# Ohio State University

## Controlled Substances Authorized Agent List

(Note: For security purposes, the number of individuals who have access to controlled substances should be limited)

**PI Name:** \_\_\_\_\_  
**Location Name:** \_\_\_\_\_  
**Location Address:** \_\_\_\_\_  
 \_\_\_\_\_

- Each authorized agent must also complete the Controlled Substances Security Release Form (OSU Controlled Substances Form 4).
- Complete the information requested below, attach an OSU Controlled Substances Form 4 for each agent listed, and submit to the college/department of the registration holder (or their responsible program administrator)
- Keep a copy with your controlled substances records. Update any changes in listed personnel immediately.

**Below is a current list of all persons designated by me, the DEA Research Registration Holder, to access controlled substances at the above location.**

Name (Print or Type)	Signature (Legal Signature)	ID Number (Employee or Student)	Initials (As Written on the Administration Record)	Controlled Substances Security Release Form
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

**PI Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Registrant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_