Authorized Users Signature Log

DEA Number: _____ **License Holder:** _____ **Location of Cabinet:**_____

Licensee Authorization: I hereby certify that I have designated these persons as Authorized Users for this license. The person is no longer an Authorized User as of "Date of Departure" if completed.

Signature:_____ **Date**_____

Name (Please Print)	Duke Unique ID	Signature of User	Initials (as used in Controlled Substance Records)	Date of Authorization	License Holder Initials of Authorization	Date of Departure