**MSE EQUIPMENT USER REGISTRATION**

#

## EQUIPMENT NAME:

# PERSONAL DATA

##

## USER NAME:

*Last First Middle*

## ISU INFO:

*Department ID #*

*E-Mail Cell #/ Home Phone #*

## ADDRESS:

*Campus Office*

*Work Phone #*

## GROUP LEADER:

*Name (Please Print) Office Phone* #

*Supervisor Signature*

*Supervisor E-Mail*

**FUNDING SOURCE (*ACCOUNT*#): ­­­­­­­­­­­­­­­**

# TRAINING REQUIREMENTS

*Trainer lnitials REQUIRED*

## TRAINING:

Standard Operating Procedure........................................................

Computer Equipment......................................................................

ISU Training...................................................................................

# AUTHORIZATION

Trainer Name (Print):

*Trainer’s Name (Print)*

MSE Training completed Date:

*Trainer Signature*

Permission to use equipment Date:

*TrainerSignature*

Permission Granted to Room: *Staff init.*