

PURDUE UNIVERSITY
DEA Controlled Substances

Controlled Substance Authorized User List

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

Registrant Information

Registrant Name: _____ DEA Registration Number: _____

Location (Building/Room): _____

Street Address: _____

Instructions

List everyone currently designated by the DEA license holder to access controlled substances at the above location. Each authorized user must complete the information requested.

Name (Print or Type)	Signature (Legal Signature)	Date of Birth (MM/DD/YYYY)	Initials (As Written on the Administered/Dispensed Record)

Registrant Affirmation

As the DEA license holder, I hereby certify that I have designated the persons listed above as Authorized Users for this location.

Registrant Signature: _____ Date: _____

Send with DEA license registration. Send a copy to BSO/EHS/HAMP. Keep a copy with your records. Update any listed personnel changes immediately.