

Iowa State University
Chemical Services/Copier Authorization Form

Recipient Information:

Name: _____ , _____ UID: _____
(last) (first) (9 digits, ISU ID Card)

ISU E-mail: _____ ISU Phone: _____

ISU Address: _____

Worktags: 1. _____
2. _____

Major Professor: _____ Dept: _____

Services: *circle area authorized*

Glass Shop Machine Shop CIF – Instrument Services Copier **

for copier please indicate which copier recipient can use:

Chem Stores: _____ Main Office: _____ Hach Hall: _____

Signatures:

Major Professor: _____ Date _____

Recipient: _____ Date _____

*Please email a scanned form to Lisa Smith lsmith83@iastate.edu or take
the paper form to Lisa in 1605 Gilman*

Office use only

Accounting Update _____ Date _____

Copier Update _____ Date _____