

GRANITE PROGRAM ACCESS REQUEST

The Principal Investigator, listed below, authorizes the following individual(s) to have access to the Granite program for the purposes of creating, editing, and maintaining animal use protocols and/or creating animal requests. Please use additional sheets, if necessary

#1

Associate to be added:

First name Middle Initial Last Name

Associate's Office Address:

Department Physical location

Associate's Phone Number:

Office phone Cell phone/Pager/alternative emergency contact number

Email address: _____

Is this individual authorized to order animals? Yes No

List the animal use protocol number(s) for which authorization is to granted: _____

For Granite Administrator Use Only						
Username	Password	Add	Profile	St-Account	Add Assoc	Memo

#2

Associate to be added

First name Middle Initial Last Name

Associate's Office Address:

Department Physical location

Associate's Phone Number:

Office phone Cell phone/Pager/alternative emergency contact number

Email address: _____

Is this individual authorized to order animals? Yes No

List the animal use protocol number(s) for which authorization is to granted: _____

For Granite Administrator Use Only						
Username	Password	Add	Profile	St-Account	Add Assoc	Memo

PI's Name (Printed)

PI's Signature (Required)

Date