**Controlled Substance Worker Authorization**

(Registrants must update this form when they authorize or withdraw

worker access to controlled substances)

|  |  |  |  |
| --- | --- | --- | --- |
| **AUTHORIZED WORKER ACKNOWLEDGEMENT** | | | |
| *I agree to complete required trainings and comply with all federal and state regulations and University requirements regarding controlled substances.* | | | |
| **Worker Name (Print)** | **Net ID** | **Signature** | **Date** |
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* **Add more lines if necessary.**

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| --- | --- |
| **REGISTRANT AUTHORIZATION** | |
| *I authorize the worker(s) listed above to access, use, and manage controlled substances under my Drug Enforcement Administration and CT Department of Consumer Protection registrations.* | |
| **Registrant Name (Print):** |  |
| **Registrant Signature:** |  |
| **Building:** |  |
| **Room Number:** |  |
| **Date:** |  |

**Keep a copy of this form in Section 4 of Binder 2**