

Infectious Disease and Toxicology OPTICAL IMAGING CORE

Medical Research Building, Room 4.126 (Mail Rt. 1019)
Ph: 772-0063, Fax: 772-5065

Contact: Thomas Albrecht, E-mail: talbrech@utmb.edu

User Account Authorization Form

Please indicate the purpose of this form:

New Account Setup___ Change Account___

Principle Investigator: _____

Department: _____

Building/Room#: _____

PI's Phone Number: _____

Mail Route: _____

PI's Secretary and phone number _____

The information indicated in the red box on the next page is required in order to set up a new account or to modify an existing account.

Dept. Accounting Contact: _____ Ext: _____
FRS Number: _____ FRS End Date: _____
FRS Number: _____ FRS End Date: _____
FRS Number: _____ FRS End Date: _____

Individual(s) Authorized to Utilize OIC Services:

Name

Employee Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Primary Investigator's Signature

Please inform the Optical Imaging Core via email or written authorization any time you wish to add, delete, or change names on your authorized individuals' list.