



Chemical Surplus Room Product Release Form

By signing below I have authorized _____ to obtain the following chemicals from the UT Southwestern Chemical Surplus Room.

Through this authorization I acknowledge that I am now responsible for the proper and safe storage, use, and disposal of these chemicals.

Faculty Members Name: _____

Faculty Members Signature: _____

Date: _____

Lab Staff Member Name: _____

Lab Staff Members Signature: _____

Date: _____

EH&S Personnel's Name: _____

EH&S Personnel's Signature: _____

Date: _____