San Diego State University
Environmental Health & Safety
CONTROLLED SUBSTANCE USE AUTHORIZATION UPDATE

Section 1 – To be Completed by CONTROLLED SUBSTANCES USE AUTHORIZATION Signee

Principal Investigator/Instructor: _____

Title: _____

Department: _____Phone: _____

_____ There have been no significant changes in the types of drugs or procedures used in my research or instructional activities.

_____ The authorized persons listed on my original APPLICATION or on most recent UPDATE have changed. Add or delete the following names as indicated:

Add/Delete	Name	Title	Signature

_____ I wish to change the types of drugs I use, or significantly change the type or purpose of drug use. The changes are described below:

_____

_____

_____

(Continue on back or attach sheet if more space is required.)

Principal Investigator/Instructor:

_____ _____
Signature Date

Department Chair:

_____ _____
Signature Date

Environmental Health & Safety:

_____ _____
Signature Date

Rev. 01/01