

THE UNIVERSITY OF CHICAGO
Office of Radiation Safety

Account Authorization Request
ORS Form A5 (1/08)

Name of applicant (Principal Investigator): _____

Protocol Number: _____

Name of Account	FAS Account Number*	Percentage+	Expiration Date	Previous No.#	New No.#
1.) _____	_____ - 4100	_____.00	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.) _____	_____ - 4100	_____.00	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.) _____	_____ - 4100	_____.00	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.) _____	_____ - 4100	_____.00	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.) _____	_____ - 4100	_____.00	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.) _____	_____ - 4100	_____.00	_____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE:

+ Percentages must total to 100%

* Note: The account/s specified above will cancel and supersede any previous account authorization request forms.

Indicate with a check if the account number(s) was previously used or if the account number is a new number.

Effective date: _____

Authorization signature: _____

Print or type name of above individual (Authorized Signer):

Date: _____ Telephone: _____

This request **MUST** be received by the Office of Radiation Safety no later than the 25th of the month to be effective the first of the following month.

Mail the form to the Office of Radiation Safety, AMB M031A (MC 2106) or fax form to 2-4008. The Office of Radiation Safety is not responsible for delayed or misdirected mail.

If you should have any questions, please call the Office of Radiation Safety at 2-6299.