

UNIVERSITY OF MISSOURI-COLUMBIA

APPLICATION FOR POSSESSION AND USE OF RADIOACTIVE MATERIALS

CO-AUTHORIZATION AUTHORITY PAGE

[This form or attachment must be typed or printed very neatly in black ink]

Co-Authorization Primary User Statement

Primary User Name:

Authorization Number:

Full Co-Authorization

Partial Co-Authorization (attach description)

I support the inclusion of this individual as a Secondary User to the Co-Authorization for which I am Primary User.

Primary User Signature

Date

Primary User's Direct Supervisor Statement

Supervisor Name:

Supervisor Title:

Supervisor's Department/Unit/Other:

I support the inclusion of this individual as a Secondary User to the Co-Authorization under this Primary User, who I supervise.

Primary User's Direct Supervisor Signature

Date