

**Liberty University College of Osteopathic Medicine
Center for Research
Personnel Authorization Request Form**

Name of Applicant

Print _____ LU ID _____

Signature _____ Email _____

Position (LUCOM faculty or student, LU faculty or student, other) _____

Name of LUCOM mentor (required for all students)

Print _____

Signature _____

Date of Request: _____

Reason for Requesting Access: _____

Vivarium Access required: ____ Yes ____ No

Key required? Yes ____ / Room # ____ No ____

- I have completed an orientation meeting with the Research Manager.
- I have completed CITI training as specified by the Research Manager.
- I have read, understand and will abide by the LUCOM CR access policy.
- I understand that propping doors open is strictly prohibited and can result in loss of funding, loss of access, failure of course, or loss of employment.

Approved by:

Research Manager: _____ Date: _____

*“Let every person be subject to the governing authorities.
For there is no authority except from God and those that exist have been instituted by God.” Romans 13:1*