

**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

- 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: \_\_\_\_\_

Associate Dean for Research: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ 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*