



Attachment A

**Harvard University
CONTROLLED SUBSTANCES APPLICATION**

Instructions: The PI completes this form, forwards to the departmental administrator prior to submitting an application for licenses for Controlled Substances to state and federal agencies. PI shall update this form as needed.

Principal Investigator: _____

Dept: _____

Telephone: _____ Date: _____

Storage Location

Building: _____ Room: _____

Departmental Administrator Name: _____

Name of Controlled Substances	Drug Code/ Schedule

Authorized Individuals*	Telephone Number/Location

*Persons previously convicted of a felony offense relating to Controlled Substances or who had an application for registration with a state or federal agency denied or who surrendered a registration for cause may not be authorized to work with these materials.