

## REQUEST FOR PERSONNEL INFORMATION

Any person requesting access to controlled substances at MMRI must provide the following information to the DEA before access is granted. The information will be considered confidential. Please Print. Return the form to Jan Rydzewski.

**Full Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Reason for Access (e.g. chemical synthesis, analytical testing):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date