**Laboratory Registration Personnel Update Form**

Instructions Please submit completed forms via email to UCCS EH&S Department through [cnorton@uccs.edu](mailto:cnorton@uccs.edu). If you need assistance in completing this form, please contact Cynthia Norton (x3212).

Date:

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| **General Information** | | | | | | | | | | | | | | | | | |
| Building |  | Room No. | | | |  | Department | | | | | |  | | | |
| Room Description | |  | | | | | | | | | | | | | | | |
| **Principal Investigator** | | | | | | | | | | | | | | | | | |
| Emergency Contact | | | | | Title | | | e-mail | | | | Campus Phone | | | Emergency Phone | | | cy Phone |
|  | | | | |  | | |  | | | |  | | |  | | |  |
| **Emergency Contact Information** | | | | | | | | | | | | | | | | | |
| Emergency Contact | | | | Title | | | | | e-mail | | Campus Phone | | | Emergency Phone | | | |
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| **Registration of Laboratory Employees**  **(List all employees, undergraduate students, graduate students, fellow researchers)** | | | | | | | | | | | | | | | | | |
| **First Name** | | | **Last Name** | | | | | | | **e-Mail** | | | | | | **EHS Use Only** | |
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