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**Requestor Information**

Last Name:

First Name:  Phone #1:

Company:  Phone #2:

Position:  Email:

The University  
of Akron



**NMR Account Request Form**  
[uakron.edu/chemistry/magnet](http://uakron.edu/chemistry/magnet)  
[mrc\\_staff@uakron.edu](mailto:mrc_staff@uakron.edu)

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**Collaborator Information**

Last Name:   N/A

First Name:  UA Email:

Department:  Phone #:

\_\_\_\_\_  
Requestor's Signature Date

By signing, the requestor agrees to abide by the NMR Facility and The University of Akron's rules and regulations. The requestor also agrees to be responsible for the cost of repair not covered by warranty or service agreements, should there be any damage caused by the requestor.

\_\_\_\_\_  
Collaborator's Signature Date

By signing, the collaborator agrees to be responsible for the cost of repair not covered by warranty or service agreements, should there be any damage caused by the requestor.

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ADMINISTRATIVE USE ONLY below this line.

Basic NMR Training \_\_\_\_\_  
Date Time Trainer

Practical Exam \_\_\_\_\_  
Date Time Trainer

Automation Training \_\_\_\_\_  
Date Time Trainer

VT Training \_\_\_\_\_  
Date Time Trainer

MRC Account \_\_\_\_\_  
Date Created NMR Manager

Swipe Access \_\_\_\_\_  
Date Requested NMR Manager

ListServ mailing list \_\_\_\_\_  
Date Added NMR Manager

KNCL 132B (750 Lab)  
Swipe Access \_\_\_\_\_  
Date Requested NMR Manager