

<b>New User Contact Information</b>	
<b>PRINT NAME:</b>	<b>EMAIL ADDRESS:</b>
<b>VUNetID:</b>	<b>PHONE NUMBER:</b>
<b>SPONSOR (professor, organization, etc.) &amp; brief description of needs:</b>	

**Safety Plan & Conduct of Operations Manual Acknowledgement:**

By signing this form, I acknowledge receipt of the “VINSE Cleanroom Safety Plan & Conduct of Operations” manual and that I have had an opportunity to review its contents. I agree to comply with this manual and with any other instructions or procedures provided by the VINSE cleanroom staff. I also understand that these documents can be amended at any time.

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**SIGNATURE**

**DATE**