



Animal Worker Protection Program Acknowledgement Form

I have read and understood the Animal Worker Protection Program handout. I am aware of the potential risks/hazards of coming into contact (direct or indirect) with research animals.

Department, Company or Institution: _____

Name (first, middle, last): _____

UTSA ID (*abc123*): _____

Phone #: _____ Email: _____

Principal Investigator's Name: _____

Sponsor's Name (if UTSA visitor): _____

Signature

Date

* Contact the LARC office with any questions (larc@utsa.edu or 458-6692).

**** Please return completed form to the LARC Office.**