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.