## Authorization Signatures - Visual Resource Center (75 watt VRC LASER CUTTER)

By signing below, I acknowledge that I have watched the **required** Laser Safety PowerPoint Presentation, and successfully completed the quiz provided by my instructor. I understand I must contact Sally Schuh (VRC Director) or VRC staff to complete operational training with before I can use the equipment. I am not authorized to use the laser cutter without VRC staff present.

Print Name	Signature	Date

Instructor must submit completed Form to the VRC for documentation.