Authorization Signatures - Visual Arts Annex (30 watt VAA 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 will work with my instructor VRC staff or VAA monitors to complete operational training with before I can use the equipment. I am not authorized to use the laser cutter without VAA faculty or staff present.

Print Name	Signature	Date
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