

OSU Seed Lab Signature Record

This document establishes the name identity, signature and initials of Lab personnel and Samplers. **(Please keep signature and initials within the boxes.)**

Full Name (Print): _____

Name Used (Print): _____

Initials (Print): _____

Date: _____

Provide an example of your signature (sign):

Provide an example of your initials (Sign):

Keep in mind that the examples you provided will be used as reference and it is important to sign records for the OSU Seed Lab similarly for verification. If your name and/or signature changes, please contact the OSU Seed Lab so that you can complete a new signature form.

To be completed by verification witness:

Unit: Admin Germ Purity Special Testing n/a

Employment type: Staff Student Temp Not OSU Staff/Sampler

Date of signature: _____

Witnessed by: _____