

Notary Token Verification Form

Contact:

Oak Ridge National Laboratory
Accounts Team
One Bethel Valley Road
1 Bethel Valley Road, Building 5600, Room C127
Oak Ridge, TN 37831-6008
Phone: 865-241-6536

accounts@ccs.ornl.gov

Person who has possession of token:

Name _____

Address _____

City _____ State _____ Zip _____

Employer _____ Phone _____

I have read and will abide by the Oak Ridge Leadership Computing Facility (OLCF) Computing Policy located at

[@d•Kd , E|&E!\) |E| cD~ \] \] | | D•^|E~ a^•D|&E| |K E~ a^D](#)

Signature _____

Possession of Token Verified (Y/N)	Token Serial Number

Notary

Name _____

Address _____

City _____ State _____ Zip _____

Notary Commission and Expiration _____

State of _____ County of _____

On this Date of _____, _____ (Name of Signer)

personally appeared before me, _____ (Notary) and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and has possession of the token and acknowledged to me that they executed the same for the purpose therein stated.

WITNESS my hand and official seal.

Signature of Notary:

Notary Seal