

TEMPORARY KEY CHECK OUT FORM

Download the form and save to your computer before completing. Email to your instructor for signature. The front office will email you when your key is available.

| | |
|--------------------------------|--|
| PRINT NAME | |
| DAWG ID # | |
| EMAIL ADDRESS | |
| PHONE# (WITH AREA CODE) | |
| ADDRESS | |
| CITY, ST ZIP CODE | |

I hereby agree to the following terms and conditions regarding key checkout:

I shall return the key ON _____, by **10:00 a.m.** If I fail to return the key(s) described herein on or before the date specified, I understand and agree that the School of Music at SIU has the right to charge my Bursar's account in the amount of **\$50.00** for each key issued to me. I also understand that keys returned within 14 days after the deadline, will entitle me to receive a **partial refund** of the key charge.

PRACTICE ROOM KEY

PIANO MAJOR KEY

PERCUSSION KEY

OTHER (SPECIFY BELOW)

KEY TYPE:

| | |
|---|--------------|
| SIGNATURE OF PERSON REQUESTING KEYS: (TYPED NAME ACTS AS YOUR SIGNATURE) | DATE: |
| | |

After signed by faculty email Gary Griffith at gary.griffith@siu.edu

| | |
|---------------------------------------|--------------|
| AUTHORIZING FACULTY SIGNATURE: | DATE: |
| | |