

# Department of Music ♦ Carson, CA 90747 ♦ (310) 243-3543

# Electronic Key Deposit and Practice Room Authorization Form

Semester: \_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

To: The Cashier’s Office

From: Melodee Wilcox, the Department of Music

Re: Electronic Key Deposit $10. Renewable in the Spring

 La Corte Hall Practice Suite & Library Practice Studios

The following individual has been approved to access our Practice Rooms

 (Please Print)

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access to these rooms is restricted to music majors and minors, as well as any non-majors renting an instrument to perform in one of our music ensembles. No student will be issued a key fob unless they are first registered in the appropriate class or classes.

**Please Complete:**

\_\_\_\_\_\_\_I am a music major.

\_\_\_\_\_\_\_I am a music minor.

\_\_\_\_\_\_\_I am a non-music major registered in an ensemble and renting a department owned instrument.

Private Lessons Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instrument: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Option: \_\_\_\_\_\_\_\_\_\_

You are expected to read and comply with the guidelines regarding the use of electronic keys at [www.csudh.edu/Assets/csudh-sites/facilities-services/docs/key-policy-pm-09-03-10-14-08-final-rev-9-2-09-1%20(5).pdf](http://www.csudh.edu/Assets/csudh-sites/facilities-services/docs/key-policy-pm-09-03-10-14-08-final-rev-9-2-09-1%20%285%29.pdf)

Student section

Please return this form via email along with a copy of your receipt to mwilcox@csudh.edu after you have paid your deposit. Incomplete forms will be sent back. *Thank you.*

## For Office Use Only

Date Fob Key ordered (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Student notified for Key pick up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev: 9/16/2024