School of Music
Student Card Reader Access (Non-practice Room Usage)

Name_____________________________________________________

Student ID#__________________________  Proxy Card#__________
(2* or 2+ Number located above the magnetic strip)

Phone#__________________________  Major_____________________

E-mail Address__________________________________________________

Requested Room(s)_________________________________________________________________

_____________________________________________________________________________

Purpose of Room Usage________________________________________________________________

_____________________________________________________________________________

Dates of Usage_______________________________________________________________________

**Applicant: Please read this information carefully!**
- I will not loan my University of Utah ID Card (UCard) to ANYONE.
- If I lose my ID card I will notify my department immediately.
- Children under 18 are not allowed to use practice rooms unless accompanied by an adult guardian.
- I acknowledge that I understand the conditions of key responsibility outlined in the University of Utah key Policy 3-234.
- I understand that violations of any of the above may lead to my suspension or termination from the University of Utah.

Applicant Signature__________________________________________  Date____________________

**This form is to be submitted by the faculty/staff member approving access to the School of Music Office.**

Name of Faculty/Staff Member Approving Access (Please Print)__________________________

Faculty/Staff Member Signature__________________________________  Date____________________

Director, School of Music Approval__________________________  Date____________________

**Office Use Only:**

Date and Time Access entered into CCure__________________________________________
Room(s) access granted:

Notes:____________________________________________________________________________

Processed by:_______________________________________________________________________