



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

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: _____

Please Complete:

Access to these rooms is restricted to Music Majors who are assigned Studio/Applied Lessons.

I am a Music Major: _____

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(5).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 to you. *Thank you.*

For Office Use Only

Date Fob Key ordered (if applicable): _____

Date Student notified for Key pick up: _____