



Classroom Scheduling
Office of the Registrar
34 MacBride Hall
335-1243
registrar-room-res@uiowa.edu

CLASSROOM ACCESS CARD CHECKOUT

Form must be submitted in person to 34 MH

Name: _____ Email: _____
Dept: _____ Phone: _____
UID#: _____ ID# Card to Bldg and Rm: _____
Checkout Date: ____/____/____ Return Date: ____/____/____

I hereby accept the responsibility of the access card checked out in my name. In the event an access card is lost or not returned within 30 days of notice, I understand I will have to pay for a replacement and/or possible cost of re-keying the named facility. I understand the fee schedule to be \$10 per access card and if the facility requires re-keying, the full cost involved. Additional or duplicate access cards will not be checked out until all fees are paid in full. **My signature below constitutes authorization for The University of Iowa at its election to deduct from my paycheck any of these charges.**

ACCESS ISSUES MAY BE REPORTED TO:

***Monday – Friday, 8:00am-4:30 pm, Contact Classroom Scheduling, 335-1243
After Business Hours and on Weekends, Contact Work Control Center at 355-5071***

Signature: _____ Date: _____