



**Classroom Scheduling**

Office of the Registrar

34 MacBride Hall

335-1243

[registrar-room-res@uiowa.edu](mailto:registrar-room-res@uiowa.edu)

**Classroom Technology Support**

Information Technology Services

100 Old Music Building

335-2571

[classroom-technology-support@uiowa.edu](mailto:classroom-technology-support@uiowa.edu)

**AUDIO-VISUAL KEY CHECKOUT**

*Form must be submitted in person to 34 MH*

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

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

Dept: \_\_\_\_\_

Phone: \_\_\_\_\_

UID#: \_\_\_\_\_

Key to Bldg: \_\_\_\_\_ Rm: \_\_\_\_\_

Checkout Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby accept the responsibility of the key checked out in my name. In the event a key 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 key and if the facility requires re-keying, the full cost involved. Additional or duplicate keys 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.**

*NOTE: Please schedule or report equipment issues with Classroom Technology Support at 5-1976*

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