

School of Music

Music Computer Lab Early Hours Access Request Form

Name _____ Login ID _____ Student ID # _____

Major _____ Email _____

_____: I affirm that I will NOT let anyone into the computer lab.

_____: I affirm that I will NOT prop the computer lab door.

_____: I affirm that I will NOT bring food into the lab and that all drinks will have lids..

_____: I affirm that I will follow the University's acceptable computer use policy.
<http://www.nau.edu/its/policies/>

_____: I understand that my access can be removed at any time, if I violate these policies.

_____: I understand that the video surveillance equipment will be used to enforce rules.

Please succinctly explain why you need access to the lab during the hours the lab is not already open.

Name _____ Signature _____ Date _____

Instructor Approval

Name _____ Signature _____ Date _____

INTERNAL USE

LOCK CODE _____ ISSUE DATE _____