

**PRACTICE ROOM ACCESS REQUEST FORM**

Practice rooms are reserved for Music Majors and Music Minors who are CURRENTLY ENROLLED IN LESSONS. Any non-major requesting a practice room MUST be enrolled in lessons. Other requests will be considered on a case-by-case basis when supporting documentation, signed by faculty, is provided. Students must possess a valid Towson University OneCard in order to gain access to the practice rooms.

If you wish to request a practice room, please complete this form.

Please email completed form to [mcriss@towson.edu](mailto:mcriss@towson.edu).

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

Semester (check one):      Fall      Spring      Year: \_\_\_\_\_      Instrument: \_\_\_\_\_

Lesson Number & Section (ex. MUSA 100 001): MUSA \_\_\_\_\_      Instructor's Name: \_\_\_\_\_

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

Do you currently have access to a practice room? (check one)      YES      NO      If so, what room/s? \_\_\_\_\_

I, \_\_\_\_\_, **agree to abide by the following rules:**

1. \_\_\_\_\_ I understand that I will not be granted access to the practice rooms when I am no longer enrolled in lessons, or upon graduation, or upon department request.
2. \_\_\_\_\_ I will follow practice room policies set by the department, e.g., make sure the room is locked when I leave it, have no food or drinks in the room, practice safe distance protocols in and around the practice room, proper sanitation of keyboards before and after use, keeping the room clean and tidy, etc. I will not allow others to use my OneCard to access the practice rooms.
3. \_\_\_\_\_ I assume responsibility for any damage to the room and its contents, any theft, or personal injury caused through the use of my OneCard access, whether with my permission or not. In consideration for receiving access, I hereby release, waive, and discharge the University, the University System of Maryland, and the State of Maryland, their officers, agents and employees from all liability to me, my legal representatives, heirs and assigns, for any and every claim, demand action, right of action or damages resulting there from, of whatever kind or nature, resulting from or arising out of the use of my OneCard, whether with my permission or not. The University is not responsible for any personal injury or theft of or damage to any personal property in the room.
4. \_\_\_\_\_ I understand that the Department of Music retains the right to revoke access to the practice rooms at any time, without giving any reason. **If I lose my OneCard, I must report the loss to the campus police and provide the Department of Music with the police report number.**
5. \_\_\_\_\_ I understand that my failure to follow TU, state, local, and national guidelines on prevention of the spread of COVID-19 where practice room use is concerned may lead to being denied access to a practice room.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant to Chairperson or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Range of Rooms: \_\_\_\_\_      Access Granted: \_\_\_\_\_      Access Terminated: \_\_\_\_\_

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