



University at Buffalo

Department of Music

College of Arts and Sciences

# Practice Room Key Request Form

Form MUST be returned in person

## Student Information

Year: \_\_\_\_\_ Semester (*check the correct semester*): \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student UB email: \_\_\_\_\_ Person Number: \_\_\_\_\_

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

### Please check one:

\_\_\_ Music Graduate Student

\_\_\_ Music Undergraduate Student

\_\_\_ Music Minor Student

\_\_\_ Non-Music major

### Please check major/minor:

\_\_\_ Vocal

\_\_\_ Piano major/minor

\_\_\_ Percussion major/minor

\_\_\_ Organ

Other: \_\_\_\_\_

### *For non-major only*

Class name and number: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

## For Department of Music use only:

Approved by: \_\_\_\_\_

*Please have the following instructor sign off on this form.*

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

Room: \_\_\_\_\_

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

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

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