



Classroom Scheduling

Office of the Registrar

1 Jessup Hall

335-1243

registrar-room-res@uiowa.edu

Classroom Technology Support

Information Technology Services

2800 University Capital Center

335-2571

classroom-technology-support@uiowa.edu

AUDIO-VISUAL KEY CHECKOUT

Form must be submitted in person to 1 JH

Name: _____

Email: _____

Dept: _____

Phone: _____

UID#: _____

Key to Bldg: _____ Rm: _____

Checkout Date: ____/____/____

Return Date: ____/____/____

I hereby accept responsibility for the key checked out in my name. In the event a key is lost or not returned within 30 days of email 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.** I have been offered a copy of this statement for my records and have accepted or declined this offer of my own volition.

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

Signature: _____ Date: _____