



ISM Key Borrowers

Name: _____

Local Address: _____

Telephone: _____

Net-ID _____

E-mail address: _____

Permanent Address: _____

Keys

Key Type	Deposit Amt.	Date	Issued By
<input type="checkbox"/> Full Organ Set # ____ (\$45)	_____	_____	_____
<input type="checkbox"/> Sec. Organ Set # ____ (\$30)	_____	_____	_____
<input type="checkbox"/> WETR (\$20)	_____	_____	_____
<input type="checkbox"/> YJCZ (\$10)	_____	_____	_____
<input type="checkbox"/> OTHER _____	_____	_____	_____

I hereby acknowledge that I have received the above key(s) and paid the stated amount. I understand that the deposit(s) will be returned to me when I have returned the key(s). I agree to return the key(s) to the Yale Institute of Sacred Music upon graduating, or my deposit may be forfeited and diploma put on hold.

Signature: _____ Date: _____

Key Return Confirmation

The following key(s) were returned on the listed date. The ISM will promptly refund the deposit to the above named person.

<input type="checkbox"/> Full Organ Set # ____	Date: _____	<input type="checkbox"/> Sec. Organ Set # ____	Date: _____
<input type="checkbox"/> WETR	Date: _____	<input type="checkbox"/> YJCZ	Date: _____
<input type="checkbox"/> Other	Date: _____		

Key Borrower Signature: _____

ISM Staff Signature: _____