



ISM KEY BORROWERS

Name: _____

Local Address: _____

Telephone: _____ Social Security number: _____

E-mail address: _____

Permanent Address: _____

KEYS

| <u>Key Type</u> | <u>Deposit Amt.</u> | <u>Date</u> | <u>Issued By</u> |
|---|---------------------|-------------|------------------|
| <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

Name: _____ Social Security Number: _____

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: _____