

University of Kentucky
School of Music
INSTRUMENT CHECK-OUT AGREEMENT
REVISED 3/2002

Name: _____ Date: _____

E-mail: _____

School Address

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

Permanent Address

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

Instrument: _____ Brand: _____

Value: _____ Accessories: _____

Serial #: _____ UK#: _____ Case #: _____

AGREEMENT:

I understand that this instrument has been videotaped for insurance purposes and to evaluate the condition of the instrument. If this instrument or case is returned with damage beyond normal and reasonable wear my responsibility is to pay for its repair or pay for its replacement as decided by UK. It is my responsibility to keep this instrument and case in the best condition possible while in my care and out of weather elements and temperature extremes. Should this instrument be stolen, it will be my responsibility to file a police report and pay full replacement cost. It is my responsibility to return this instrument upon request or at the end of the semester.

Social Security #: _____ Name (print): _____

Signed: _____ Date: _____

Date returned: _____ Checked in by: _____

Condition: _____ Student signature: _____