## **Auburn University Department of Music**

## **Instrument Check-Out Agreement**

I am a student in	(class) during	(semester, year). I have checked
out the following instrument:	; serial number	: I understand that I am to
take proper care of the instrument and will return it immediately after the final playing exam on that instrument		
this semester. I understand that if I fail to do this, I will owe the Auburn University Department of Music the		
cost of repair or replacement of the ins	trument.	
N.		
Name:		
Phone number:		
Email:		-
Parents' name:		-
Parents' phone number:		-
Permanent address:		_
Student Signature:		-
Date:		_
Faculty/Staff Signature:		_
Condition of instrument before checko	ut:	
Condition of instrument upon its return	1:	