



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Department of Music ♦ Carson, CA 90747 ♦ (310) 243-3543

Instrument Rental Fees

Semester: _____

To: The Cashier's Office
From: Melodee Wilcox
The Department of Music
Re: Fee: Instrument Rental \$20

The following individual has been authorized to rent a department owned instrument for the duration of the _____ semester:

(Please Print)

Name: _____
Student ID #: _____
Address: _____
City/State: _____
Telephone(s): _____
Email Address: _____

Instrument Type: _____ Make & Model: _____ Serial #: _____

Instructor responsible for the Instrument Contract: _____ (this must be filled out)

STATEMENT OF RESPONSIBILITY:

- I have received the instrument described above, and agree to return it in the same condition, exclusive of the depreciation of normal wear, at the end of the current semester or at any time upon demand by the Chair or other responsible faculty.
It is understood that in case of loss of this instrument, I will pay the full replacement value to the California State University Dominguez Hills Department of Music, and, in event of damage, I will pay for necessary repairs as ordered by the department.
I understand that rental of this instrument is contingent upon locker checkout through the Department of Music.
I agree I will not permit this instrument to be used by anyone but myself.
I understand that I will furnish my own accessories for use with this instrument.
I understand that no grade will be given to me in the course selected until this instrument has been returned and this contract cancelled by the course professor.

Please return a copy of this form and your receipt to the Department of Music either in person or via email.

Cashier's Stamp _____

Original & Contract to be retained by the Department of Music
Rev. August 2024