By submitting this form I am agreeing that:

- I am aware of the online Usage & Policy Guide and will familiarize myself with it before using anything within the space.
- After hour access is needed for the use of the Lab outside of normal class hours, or additionally scheduled posted, monitored hours.
- Training for safety, security, individual studio maintenance, supplies usage, and the operation of studio equipment must be completed.
- Unauthorized student or acquaintances are not allowed to use the Lab. I am responsible for any unauthorized individuals I bring into the Lab.
- I will clean up after myself and respect the Lab. Anything that is too large for the trash cans in the Lab will be carried to a dumpster.
- Tampering with any locking mechanisms or monitoring device will result in the immediate loss of Lab access and disciplinary action.
- Alcohol and illegal drugs are prohibited within the Lab or anywhere within A&D.
- Only the Video Lab Studio Coordinators may approve after hours access.
- Studio Coordinators may revoke access for non-compliance with these guidelines.
- Misconduct in one studio may cause your privilege to be revoked in all studios.
- I will not duplicate any copyright infringements, nor use the equipment to break any copyright laws.

Key Card Procedure:
Students present this filled out Access Request Form to the Studio Coordinator responsible for the studio to which access is sought. Studio Coordinators then sign this form for qualified students, thereby approving MMcard access for one semester. Students need not give up their MMcard for this process.

I have read, understood and agree to comply with the above guidelines for after hour access to A&D studios.

________________________________________  __________________________________________
Full Name (print)                          Student UMID# (M-Card)

________________________________________  __________________________________________
Student Signature                          Unique Name

________________________________________  __________________________________________
Date                                      Instructor’s Name

________________________________________  __________________________________________
Studio Coordinator Signature             Class