

# Studio Access Permission Form

## UCFV Visual Arts Department

(Invalid Without Student Card)

Studio/Room \_\_\_\_\_

Student Name \_\_\_\_\_

(Please Print)

Student Number \_\_\_\_\_

Permission Valid on the Following Dates:

\_\_\_\_\_

\_\_\_\_\_  
Signature: Authorizing Faculty/Studio Technician

\_\_\_\_\_  
Please Print Name and Position Above

A faculty signature indicates that the student has permission to work in the designated space on the above stated date(s) and time(s).

\_\_\_\_\_

### Liability Contract for Equipment Borrowed from Rooms:

\_\_\_\_\_

*Please Read Carefully Before Signing*

**All studio equipment must be returned in the condition it was in when borrowed. Students are liable for any loss or damage to equipment and facilities.**

I \_\_\_\_\_, agree to the above.  
(Signature) (Please Print Name)