Physics Department



Signature of lending person:

Key lending for parent-child room

Surname:		
Forename:		
Status:		
Address (Street):	_	
Post Code / Place of Reside	nce:	
Phone:	Mo	bile:
(L2.2-01).		Zülpicher Straße 77, 50937 Cologne, Room No. 0.316 a document (e.g. driving license) (please strike out if not
I hereby obligate myself to:		
the key and locking of acknowledge that the University breach of supervisory duties any damage caused by my of	ne key when I no lonkey immediately to cylinder. ersity of Cologne do so Supervisory duties child or myself witho	ger use the room, the issuing office and to reimburse the replacement value of es not taken responsibility for damage resulting from any are therefore incumbent on parents/guardians. I will report out hesitation and indemnify it.
Date:	<u></u>	Signature of lending person:
The key was issued and the	above-mentioned d	leposit received.
Date:	_ Time:	Name:
Signature:		
Key return:		
Date:	_ Time:	Signature:
Deposit received back		

Time: