

UNIVERSITY LIBRARIES ROOM BOOKING USE AGREEMENT

I agree to abide by the University Libraries' Room Agreement form as described below. I understand the library reserves the right to suspend my use of the room for a minimum of one academic semester if, in the opinion of the library administration, I fail to abide by the spirit and intent of this policy.

Signed: _____ Date: _____

Wright State Email address: _____

A valid Wright State University Student ID will be held while the room is used.

ROOM AGREEMENTS:

- I understand the room is not to be used for individual study.
- I understand the room is for Wright State Students only.
- I will not damage the room, furniture, or equipment.
- I will report any equipment damage or cleanliness problems to staff before using the room.
- I will not obstruct the window in any way.
- I understand I will be charged \$100 for a lost or unreturned room key.
- I understand that no more than 10 people may be in the room at one time.
- I understand the library is not responsible for unattended personal belongings.
- I understand I am limited to 2 hours. I may book an additional hour after my original 2 hour appointment has ended if no one else has booked the room. My group and I may not book the room for more than 3 hrs/day.
- I understand the room closes (and I must return the key) 30 minutes before the library closes.

STATEMENT OF RESPONSIBILITY:

I agree to the University Libraries Room Agreements as described above.

1 _____ 6 _____

2 _____ 7 _____

3 _____ 8 _____

4 _____ 9 _____

5 _____

For Staff Use: PRESENTATION PRACTICE ROOM

GROUP STUDY ROOM 215

Check out. WSU ID Time Key Out: _____ Time Key Due: _____ Initials: _____

Return. WSU ID Time Key Returned: _____ Room Checked: Initials: _____

Equipment. Presenter Tool DVI-D HDMI Mini DisplayPort DisplayPort