

THE UNIVERSITY OF THE WEST INDIES, MONA CAMPUS
FACULTY OF LAW

LOCKER RENTAL APPLICATION FORM

FULL NAME (IN BLOCK LETTERS): _____

YEAR/LEVEL IN PROGRAMME: _____

CONTACT INFORMATION

MAILING ADDRESS: _____

EMAIL ADDRESS(ES): _____

CONTACT NUMBER(S) _____ (H) _____ (C) _____

I would like the use of _____ locker(s) for:

SEMESTER I { }

SEMESTER II ONLY { }

ACADEMIC YEAR { }

I would prefer a locker located: (subject to availability)

Ground Floor { }

1st Floor { }

2nd Floor { }

3rd Floor () (Forthcoming)

I understand that the Faculty is not liable for damage to property and/or missing valuables stored in Lockers.

SIGNATURE: _____ DATE: _____

***KINDLY USE LOCKERS FOR BOOKS AND HEAVY BAGS ONLY. WE DISCOURAGE THE STORING OF MONEY, PURSE, CELLULAR TELEPHONES AND OTHER VALUABLES.**

FOR OFFICIAL USE ONLY:

Receipt #: _____ Key # issued: _____ Location of Locker: _____

Issued by: _____ Date Issued: _____

Student should take the following information to the Bursary to facilitate payment

Department: Faculty of Law

Fund: 1750001, **Organization:** 7300, **Account:** 560001, **Program:** 61

Reason for making payment: Rental of Law Lockers