

**UNIVERSITY OF RHODE ISLAND – Department of Music
INSTRUMENT ISSUE FORM**

Name: _____ URI #: _____

Current Address: _____
Street Town/City State Zip

Home Address: _____
Street Town/City State Zip

Phone Number: _____ Email: _____

Instrument to be used for: _____

The following instrument was issued by the University of Rhode Island – Department of Music:

Instrument: _____ Serial Number: _____

Make/Model: _____ URI Number: _____

Condition: New _____ Excellent _____ Very Good _____ Good _____ Poor _____ Very Poor _____

Estimated Value of Instrument: _____

Accessories: Case _____ Mouthpiece _____ Cap _____ Strap _____ Bow _____ Mute _____ Lyre _____

Ligature _____ Other (Please specify): _____

**CONTRACT AGREEMENT
(TO BE READ UPON RECEIPT OF INSTRUMENT)**

I hereby agree to hold myself personally responsible for any damage, which may occur to the above instrument while it is in my care. I agree that no one other than myself will be allowed to use the instrument and it is to be used only in preparation for and performing in University of Rhode Island music organizations and/or music class work. In the case the instrument is lost or damaged beyond possibility of repair, I agree to reimburse the Department of Music for its replacement value or with another instrument of the same value. I also accept responsibility for the cost of damage beyond normal wear and tear. I understand the instrument remains the property of the University of Rhode Island Department of Music.

Student Name Printed: _____

Student Signature: _____

Date to be Returned: _____

~~~~~**DEPARTMENT USE ONLY**~~~~~

Instrument issued by: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Condition upon return: \_\_\_\_\_