



Name: _____

Academic Program: _____

Program Start Date: _____ Program End Date: _____

JHU Email: _____

Phone Number: _____

Due to space constraints, students must share a locker with another student.

I agree to share my locker with: Anybody Name _____

I, the undersigned, understand that the locker provided to me is the property of the JHU School of Nursing. I understand that the School of Nursing has the right to open this locker at any time when absolutely necessary. I understand that any belongings that remain in my locker a month after I have ended my program will be thrown away or donated.

Signature _____ Date _____

Please return completed form to SON-StudentAffairs@jhu.edu.

For Office Use Only

Locker Number: _____

Locker Combination: _____

Date Locker Assigned: _____

Date Locker Cleaned Out (after program completion): _____