Graduate Locker Request Form

1. Student Name ______________________________________ ID# _______________________

2. Email _______________________________________________________________________

3. Phone (    ) _______________________ Check One: □ Cell □ Home □ Office

4. Academic Advisor ______________________________________________________________

5. UCSD program/department in which you are a currently enrolled graduate student
______________________________________________________________

6. Indicate the terms for which you’re requesting a locker (choose up to 3)
   □ Fall 20___  □ Winter 20___  □ Spring 20___  □ Summer 20___

7. Is this a request for a renewal? □ Yes

8. Today’s Date _________________________________

By clicking Submit below, I certify that the above information is correct AND that I have read and agree to the Locker Use Guidelines.

Submit

Next Steps

- Library staff will contact you within 2 weeks to inform you of the status of your request.
- If approved, you’ll make an appointment (858-822-0124 or svcohen@ucsd.edu) to complete final paperwork and pick up your key.