

OFFICE USE ONLY		
Locker Number:		
☐ SUMMER		
☐ FALL		
☐ SPRING		

900 Fallon St Oakland, CA 94607

LOCKER ASSIGNMENT AGREEMENT FORM

Last Name	First Name	Student ID Number
Address	City	Zip
By signing this form, I understand ar	nd agree to the following:	
Towels and lockers are the p	roperty of the Peralta Community Colle	ege District.
 Lockers are issued for the term ONLY and <u>must be reregistered</u> at the start of every new term. 		
COMBINATION LOCKS ONLY!		
 Peralta Community College District is <u>NOT responsible</u> for <u>items lost or stolen or damaged</u> 		
Lock and locker content mus	t be removed at the end of the term.	
All locks and lockers must be	registered. Combinations will be kept	confidential by the PE Attendant
All unregistered locks will be	removed.	
 Peralta Community College E discretion. 	District reserves the right to terminate	this agreement at any time at their
I have read the above rules a responsibility.	and <u>understand all the regulations</u> and	agree to all the rules and accept full
<u>I verify</u> that I am in good hea	ılth and am able to participate in physi	cal activities on the campus.
I verify that I have not been	instructed by a physician to <u>discontinu</u>	e physical activities.
Student's Signature		
Phone Number		
IN CASE OF EMERGENCY, CONTACT		
Name	Relationship	Phone Number
Address		