## **BHCLR Locker Request Form**

**Directions:** Please print clearly. Return completed form to Student Services or fax to 501-202-6220. Allow 3-5 business days to process. Locker assignments will be sent via student email.

Name:	ID #:		
Program:	Anticipated	d Graduation Date:	
Locker preference: (circle one)	top	middle	bottom
(Providing a locker preference doe	es not guarante	ee assignment.)	
Please note: A lock is the student and will cut locks and dispose of k	•	-	ble for items in lockers
<ol> <li>items are left in a locker af study, or</li> <li>items are placed in an una</li> </ol>		•	a BHCLR program of
If a zip tie is still on a locker 60 da considered vacant and the assign	•	•	iven, the locker will be
The college reserves the right to extend the lock and empty the lock in the locker will be removed and one longer wish to use their locker, health.org.	cker upon disco discarded after	ontinuance of study at BH 2 weeks. If at any time a	CLR. Items remaining student decides they
Please sign below if you agree to	these terms.		
Student Signature:		Date:	
	Official U	lse Only	
Locker Number Assigned:			
Student Notified by:		Date:	