

Physics Department



**Authorization form for parent-child room**

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Status: \_\_\_\_\_

Address (Street): \_\_\_\_\_

Post Code / Place of Residence: \_\_\_\_\_

Phone.: \_\_\_\_\_ Mobile: \_\_\_\_\_

is authorized to receive a key to the parent-child room, Zülpicher Straße 77, 50937 Cologne, Institute for Theoretical Physics, room 218.

Date: \_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_

I have received key number 149HU55 (entrance to Institute of Theoretical Physics) for the parent-child room, Zülpicher Straße 77, 50937 Cologne, room 218.

I hereby obligate myself to:

- not give the key to a third party,
- return the key upon the termination of employment,
- immediately return the key when I no longer use the room,
- report the loss of the key without delay and to pay the costs of replacing the key and lock cylinder.

I acknowledge that the University of Cologne does not take responsibility for damage resulting from any breach of supervisory duties. Supervisory duties are therefore incumbent on parents/guardians. I will report any damage caused by my child or myself without hesitation and indemnify it.

I have the Rules of Use as of June 1, 2013 read, understood and agree to abide by them.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_