

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, Room No. 0.316 (L2.2-01).

Date: _____ Signature of Supervisor: _____

I have received key for the parent-child room, Zülpicher Straße 77, 50937 Cologne, Room No. 0.316 (L2.2-01).

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 read and understood the Rules of Use from 01.08.2023, and agree to abide by them

Date: _____

Signature: _____