

BAPTIST HEALTH Schools Little Rock
Locker Request Form

A limited number of lockers are available to students, free of charge. Refer to BHSLR Student Handbook at www.bhslr.edu for policies regarding locker use.

PLEASE WRITE CLEAR SO WE CAN READ YOUR NAME

Student Name: _____ Date: _____

Student ID#: _____ Freshman _____ Soph _____ Junior _____ Senior _____

Directions: Complete BHSLR Locker request Form and return to Student Services or fill out a Locker Request Form online. Student will be notified via email of response to locker request. An approved Locker Request Form must be on file in order to occupy a locker.

Program:	Histotechnology	Registered Nursing
	Medical Technology	Radiography
	Nuclear Medicine Technology	Surgical Technology
	Occupational Therapy Assistant	Sleep Technology
	Practical Nursing	

Preferred Locker: _____

DO NOT put a lock on a locker until you have received approval via email.

_____ Official Use Only _____

Locker Number _____ approved.

Student Notified on _____ by _____
Date School Official