

**UNIVERSITY  
OF MINNESOTA**

**ACADEMIC APPAREL RENTAL**

**GRAD**  
 SPRING  
 FALL

**FOR**  
 STUDENT  
 FACULTY

**SEC.**

**1**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

M.I. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (    ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**RENTAL TERMS**

I hereby authorize the University of Minnesota Bookstores to retain my credit card information for the \$100 deposit on my rental apparel. I understand that my account will not be charged this deposit unless I fail to return my rental apparel within three (3) business days after my ceremony. I also authorize the Bookstores to charge my credit account for the full retail replacement cost of any rental apparel that is not returned within ten (10) business days after my ceremony.

CREDIT CARD ACCOUNT \_\_\_\_\_ EXP \_\_\_\_\_

VISA    MASTERCARD    DISCOVER  
 CUFF# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**SEC.**

**2**

**GOWN INFORMATION**     MASTER    SPECIFY CHEST & HEIGHT:  
 DOCTOR

CHEST _____	FEET _____	INCHES _____
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**HOOD INFORMATION**  
 NO HOOD    DEGREE TITLE \_\_\_\_\_  
 MASTER    SCHOOL CONFERRED BY  U OF M    OTHER  
 DOCTOR    IF OTHER, SCHOOL NAME AND LOCATION \_\_\_\_\_

MASTER GOWN ONLY \$33    DOCTOR GOWN ONLY \$30  
MASTER HOOD ONLY \$26    DOCTOR HOOD ONLY \$26  
MASTER OUTFIT \$39.95    U OF M DOCTOR OUTFIT \$43.95  
OTHER DOCTOR OUTFIT \$74.95

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AND RETURN  
LOCATION**

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**RETURN BY:**

**TO AVOID CHARGES**