

Request for Authorization to use Audio-Visual Equipment (fill out applicable shaded areas)

Student Name:

ID #:

Phone #:

Email:

Equipment Needed: (fill in number required)

Laptop

LCD Projector

Digital Camcorder

VHS Camcorder

Digital Camera

Polaroid Camera

35mm Camera

Instamatic Camera

Overhead Projector

Projection Pad

Film Projector

Film Projector

Checkout Date:

Return Date:

Class #:

Student Organization:

Location Used (be explicit)

Faculty Name:

Faculty Signature:

Date of Faculty Signature:

Instrument Room Personnel Signature:

Date: