

Audio Visual Equipment Request Form

BEFORE HONORING ANY REQUEST FOR A.V. EQUIPMENT PLEASE CHECK WITH A MEMBER OF THE LIBRARY STAFF

Date: _____

Borrower: _____

Phone Number: _____

Department: _____

Justification: (Class, Organization, Administration, Plant or Other be specific):

Times and Dates Needed:

Short Term (Less than 7 days) From _____ To _____

Long Term (7 days to 2 months) From _____ To _____

Semester long Semester _____ Year _____

Item Or Items Requested:

____ VCR	____ Cassette Recorder	____ Screen ____ Lg ____ Md ____ Sm
____ TV	____ Jump Drive	____ *Video camera ____ VHS ____ VHS-C
____ DVD Player	____ Easel/White Board	____ Tripod
____ Cart	____ CD Player	____ *Digital Video camera
____ Extension Cord	____ Overhead Projector	____ *Digital Camera
____ *LCD Projector	____ *Laptop	____ Other _____

Location of Equipment: On Campus: Bldg _____ Room # _____ Office _____

Off Campus (be specific): _____

Delivery & Pick-up Instructions:

____ Equipment is to be delivered on (Date & Time) _____

____ Equipment will be picked up and returned by library staff on (Date & Time) _____

____ Borrower will pick up on (Date & Time) _____

____ Borrower will return on (Date & Time) _____

Borrower Signature (have every borrower sign and date the following upon check out of equipment):

I understand that by completing this form I am responsible for loss or damage to the equipment checked out in my name.

Name: _____

Date of check out: _____

For Staff Use Only: When checking out equipment, complete by listing type of equipment assigned and its LWC #. Then remove assigned equipment's card(s) from the pocket located on the equipment. Be sure that the borrower signs the cards and writes their phone number on the card, using two lines if needed.

Status of Equipment (please circle one): Approved, Denied, or Cancelled (if request was denied or cancelled please give reason)

Equipment assigned: Type of Equipment _____ LWC# _____

Type of Equipment _____ LWC# _____

Type of Equipment _____ LWC# _____

Type of Equipment _____ LWC# _____

Type of Equipment _____ LWC# _____

Equipment was checked out or delivered on (Date & Time) _____ By (Please Initial) _____

Equipment was checked in on (Date & Time) _____ By (Please Initial) _____

* For laptops, LCD projectors, and the digital camera students and organizations must have written approval from a teacher or advisor. Organizations must have written approval from their advisor to check out video cameras. Copies of written approval are to be attached to the request form.

Approved (Please check): ____ Teacher/Advisor Name: _____ Date of approval: _____