

Instructional Media Request Form

Name _____ Student ID _____

Telephone _____

I understand that I take full responsibility for the care of the equipment borrowed. I will return it or wait until the equipment has been picked up. A financial penalty will be charged to me for the replacement or repair of the borrowed equipment. All equipment is for on campus use only.

Signature _____ Date _____

Student Faculty Staff Department _____

Video Players, Cameras & Accessories

- Television with videocassette player Television with DVD player
 Television with VCR/DVD combo Camcorder Tripod

Projectors

- Overhead projector Portable self-standing projection screen
 35mm Kodak slide projector

Audio Equipment

- Tape recorder/player Digital voice recorder CD player
 Amplified podium with microphone Portable speaker

Other _____

Portable printer

Classroom Presentation Equipment

- LCD projector PC laptop computer MAC laptop computer Mouse
 Network cable Display easel Extension cord

Date equipment or service is needed: ____/____/____. Room _____.

Building: BFAC ALT KAB CC Other location: _____.

Time: ____:____ am. pm. To: ____:____ am. pm.

**ALL REQUESTS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE
THIS FORM MUST BE COMPLETED IN FULL OR THE EQUIPMENT WILL NOT BE RESERVED**