

Instructional Media
Multiple Days 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.

Signature _____ Date _____

Student Faculty Staff

Date	Bldg.	Room	Start Time	End Time	Equipment

***So that we can provide for everyone’s needs please reserve equipment only for the specific days you are going to use it.**

***If class is cancelled, you change rooms or you decide you will not need the equipment please call and let us know.**

881-7729