

Radio-Television Equipment Request

Date Received _____

CLASS _____

SUN MON TUE WED THU FRI SAT

REQUESTED BY _____

DATE _____ TIME _____ A P

RETURN _____ TIME _____ A P

LIST EQUIPMENT (Please Print)

FACULTY/STAFF APPROVAL

DATE

OVERNIGHT

This equipment has been placed in my care. I have read the posted guidelines for equipment check out and will follow them. I agree to return ALL of the listed equipment at the indicated time. I also agree to check each item when it is returned. I understand that I am responsible for reporting ALL lost/damaged/stolen equipment. Failure not to comply with ANY ONE of the posted guidelines will result in the suspension of checkout privileges for a period time determined by the Radio-Television Department. I also understand that should loss or damage occur to any equipment in my care, I will be responsible for Financial restitution in and amount determined by replacement value at current prices.

{ } _____ { } _____ { } _____ { } _____
{ } _____ { } _____ { } _____ { } _____
{ } _____ { } _____ { } _____ { } _____
{ } _____ { } _____ { } _____ { } _____
{ } _____ { } _____ { } _____ { } _____

STUDENT SIGNATURE _____ Phone _____

J.D. # _____ DATE _____

Fill out a Damaged Equipment Report if you notice ANY problems with your assigned equipment. List ANY Missing, damaged or problems noticed prior check-out on the back of this sheet.

Signed out by _____ date _____ Signed in by _____ date _____