

IT Equipment Checkout Request

Equipment must be returned by 5:00 PM on the return date. Late returns may result in restricted borrowing privileges.

Requester Information

Name

ID Number

Status

☐ Student

☐ Faculty

☐ Staff

Department

Phone

Email *

Equipment Requested

Laptop

Projector

Camera/Video Camera

Audio Equipment

Presentation Remote

Other (specify):

Other Equipment

Checkout Details

Pickup Date *

(MM/DD/YYYY)

Return Date *

(MM/DD/YYYY)

Purpose/Event *

Agreement

I accept responsibility for the equipment while in my possession

I will return equipment by the due date

I understand I may be charged for lost/damaged equipment

Signature

Sign above

Date: _____

Date

(MM/DD/YYYY)

IT Use Only

Equipment Tag Number

Checked Out By

Sign above

Date: _____