

## **IT Equipment Checkout Request**

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

### **Requestor Information**

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**Name****ID Number****Status**

Student

Faculty

Staff

**Department****Phone****Email \***

### **Equipment Requested**

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**Laptop****Projector****Camera/Video Camera**

**Audio Equipment**

**Presentation Remote**

**Other (specify):**

**Other Equipment**

**Checkout Details**

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**Pickup Date \***

(MM/DD/YYYY)

**Return Date \***

(MM/DD/YYYY)

**Purpose/Event \***

**Agreement**

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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**

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Sign above

Date:

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**Date**

(MM/DD/YYYY)

**IT Use Only**

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**Equipment Tag Number**

**Checked Out By**

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Sign above

Date:

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