

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

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:
