

## **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**

\_\_\_\_\_

Sign above

Date:

\_\_\_\_\_

**Date**

(MM/DD/YYYY)

**IT Use Only**

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**Equipment Tag Number**

**Checked Out By**

\_\_\_\_\_

Sign above

Date:

\_\_\_\_\_