

## **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**

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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

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**

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Date:

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Sign above

**Date**

(MM/DD/YYYY)

**IT Use Only**

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**Equipment Tag Number**

**Checked Out By**

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Date:

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Sign above