

**ALL RECORDS ROOM EQUIPMENT REQUESTS MUST BE MADE  
AT LEAST 24 HOURS IN ADVANCE**

INSTRUCTOR: \_\_\_\_\_

ALL SEMESTER \_\_\_\_\_

DATE TURNED IN: \_\_\_\_\_

EQUIPMENT REQUESTED		STUDENT ASSISTANT FILLS OUT
Quantity	Item	Number

IS THIS FOR A MORNING CLASS?     NO     YES

DELIVER TO OFFICE?     NO     YES    IF YES    \_\_\_\_\_ DATE    \_\_\_\_\_ TIME

PICK UP FROM OFFICE?     NO     YES    IF YES    \_\_\_\_\_ DATE    \_\_\_\_\_ TIME

**DATE AND TIME NEEDED**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE						
TIME						

STUDENT INITIALS \_\_\_\_\_

CHECKED OUT    \_\_\_\_\_ TIME    \_\_\_\_\_ DATE

**DATE AND TIME RETURNING**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE						
TIME						

STUDENT INITIALS \_\_\_\_\_

RETURNED    \_\_\_\_\_ TIME    \_\_\_\_\_ DATE