

LEARNING RESOURCE CENTER EQUIPMENT SERVICE REQUEST FORM

Requestor Name: _____ ID # _____

Department: _____ Phone # _____

Account Code: _____

Faculty _____ Staff _____ Student _____ Other _____

STUDENTS MUST HAVE INSTRUCTOR/ADVISOR OR DEPARTMENT HEADS SIGNATURE.

Type of Equipment: _____

Equipment Purpose: _____

Equipment Out: Day: _____ Date: ____/____/____ Time: _____

Return: Day: _____ Date: ____/____/____ Time: _____

Location Where Equipment will be used: _____

Security Location for After Hour Use (5:00pm): _____

Is training required in the use and operation of the equipment requested? _____ Yes _____ No.

	Item 1	Item 2	Item 3	Item 4
Equip. Name				
Model #				
Serial #				
VSU #				

Please note that the equipment obtained from the LRC inventory during the period requested becomes the full responsibility of the VSU faculty or staff person identified below. Late charges may be incurred if equipment is brought back after scheduled time.

Instructor/Advisor/Department Head: _____ Date: ____/____/____

DMBS Coordinator: _____ Date Approved: ____/____/____

Schedule

Return Date: ____/____/____

Database