Agreement to Use College Equipment On Campus  
For College Related Purposed Only  
*(Email request or bring 2 copies of completed form to the Audio Visual Department)*

<table>
<thead>
<tr>
<th>Today’s Date:</th>
<th>Name:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Number:</td>
<td>Date/Time Needed</td>
<td>Date and time needed</td>
</tr>
<tr>
<td>Campus Location:</td>
<td>Alternate Number:</td>
<td>Alternate Number</td>
</tr>
</tbody>
</table>

Equipment Requested and Use: ________________________________

I am a (select one)  
☐ Faculty  ☐ Administrator  ☐ Classified  ☐ Other authorized user  Specify here

Check-out Date/Time: ________________________________  
Check-In Date/Time: ________________________________

Borrower’s Signature ________________________________  Date ________________________________

*The Person to whom the equipment is loaned assumes the entire responsibility for its proper care and use. This includes reimbursement to the College for the cost of repair or replacement in the case of damage or loss.*

For Audio/Visual Department Use Only

Date Returned: _______ / _______ / _______  
Authorizing Receiving Signature ________________________________

Condition/Notes:  
________________________________________________________

________________________________________________________

________________________________________________________