

**LEARNING RESOURCE CENTER
COLLEGE OF HEALTH AND HUMAN SERVICES
VIDEO CAMERA/EQUIPMENT SIGN OUT**

To be completed by student. Please PRINT.

Student Name _____ Date _____

Address _____ Phone _____

_____ WIN Number _____

Location equipment will be used _____

Dates and times requested _____

I understand I will be responsible for damage or loss of the equipment and it is my responsibility to return it promptly to the Learning Resource Center.

Student Signature _____



I authorize the student named above to check out above listed video equipment:

Faculty Signature _____ Date _____

Department _____ Phone _____

LRC Patron Number _____



To be completed by LRC employee.

Video camera _____ Bar Code Number _____

Tri-pod _____ Bar Code Number _____

Date Checked Out _____ Date Returned _____