

[Price List](#)

(Please complete this form and fax with signature to 974-2653)

Instructor's Name: _____

This student(s) _____ is authorized to check-out equipment for my course: _____

Phone #: _____ E-Mail: _____ Course #: _____

Department/Organization: _____ College: _____

Date To Be Checked-Out: _____

Classroom where equipment will be used: _____

Date To Be Returned: _____

<input type="checkbox"/> Data Projector <input type="checkbox"/> Power Cord <input type="checkbox"/> VGA Cable	<input type="checkbox"/> Digital Still Camera <input type="checkbox"/> Battery <input type="checkbox"/> Power Cord/AC Adapter
<input type="checkbox"/> Laptop <input type="checkbox"/> Power Cord <input type="checkbox"/> Floppy Drive	<input type="checkbox"/> Digital Camcorder <input type="checkbox"/> Tripod <input type="checkbox"/> Battery <input type="checkbox"/> Lens <input type="checkbox"/> Lens Cover <input type="checkbox"/> Power Cord/AC Adapter <input type="checkbox"/> Strap
<input type="checkbox"/> DVD Player <input type="checkbox"/> VCR	<input type="checkbox"/> Digital Camcorder Accessory Kit
<input type="checkbox"/> Doc Camera <input type="checkbox"/> Power Cord <input type="checkbox"/> S-Video Cable	<input type="checkbox"/> VHS-C Camcorder <input type="checkbox"/> Tripod <input type="checkbox"/> Power Cord <input type="checkbox"/> Battery
<input type="checkbox"/> Tripod Screen	<input type="checkbox"/> Podium/Microphone
<input type="checkbox"/> Cassette Player/Recorder	<input type="checkbox"/> Portable P.A. System <input type="checkbox"/> Hot Spot <input type="checkbox"/> Mic <input type="checkbox"/> XLR Cable
<input type="checkbox"/> Boombox	<input type="checkbox"/> Wireless Mic System <input type="checkbox"/> Mic <input type="checkbox"/> Receiver
<input type="checkbox"/> Cables <input type="checkbox"/> Ext. Cord <input type="checkbox"/> RCA <input type="checkbox"/> XLR <input type="checkbox"/> 1/8" to 1/8" <input type="checkbox"/> 1/8" to RCA	<input type="checkbox"/> Wired Mic <input type="checkbox"/> Floor Stand <input type="checkbox"/> Table Stand
<input type="checkbox"/> Other: _____	

I, the undersigned, accept responsibility for this equipment's care and proper use, and assume liability if lost, stolen or damaged.

Equipment Recipient's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____