

Equipment Check Out  
Faculty Signature Form  
Educational Resource Center  
**116 ALLYN HALL**

This section is to be completed by the applying equipment user:

I would like to use the following equipment:

---

---

I understand that all equipment is to be returned to the Educational Resource Center and the equipment is to be used for class-related activities. (The circulation period will vary depending on the equipment requested.)

---

(signature of student)

---

(social security number)

This section is to be completed by a faculty member of the College of Education and Human Services:

\_\_\_\_\_, who is registered as a student in  
(student's name)

\_\_\_\_\_, is given permission to use the equipment housed in  
(course number)

the Educational Resource Center. The request is valid for \_\_\_\_\_  
(quarter) (year)

---

(signature of CEHS faculty member)

(Return the completed form to the Educational Resource Center, 116 Allyn Hall. It will be filed there for the duration of the quarter to which it applies.)