

Staff Use only

Received By _____	Date _____	Time _____
Confirmed By _____	Date _____	Time _____

Faculty / Staff Request For Media Hardware

All Services will be granted on the basis of staff and equipment availability. The requester will be required to operate, pick-up and return hardware, to S-508 when students/staff are not available. Services can be confirmed only on the day of service by calling ext. 8188/8199. Training for hardware operation is available upon request. This form is for media hardware requests only. One form must be filled out for each class period and service. Requester will be billed for non-academic/non-college related services. *REQUESTS MUST BE MADE IN PERSON IN ROOM S-508/S-506 FIVE DAYS IN ADVANCE OF SERVICE.*

Date of Service _____	Today's Date _____
Service Date (circle one) M T W T H F S	Room _____
Time From : _____ am/pm.	To _____ am/pm .
Requester's Name _____	Status _____
Department _____	Phone _____

PLEASE CHECK EQUIPMENT NEEDED

<input type="checkbox"/> 2X2 SLIDE PROJECTOR	<input type="checkbox"/> CASSETTE RECORDER/PLAYER
<input type="checkbox"/> 16 MM PROJECTOR	<input type="checkbox"/> CD PLAYER
<input type="checkbox"/> FILMSTRIP PROJECTOR	<input type="checkbox"/> LECTERN ONLY
<input type="checkbox"/> OVERHEAD PROJECTOR	<input type="checkbox"/> LECTERN P.A SYSTEM
<input type="checkbox"/> PHONOGRAPH	<input type="checkbox"/> SCREEN
<input type="checkbox"/> OTHER EXPLAIN	

Please be reminded that personnel requesting the services are expected to exercise care in the operation of the equipment.. To confirm, cancel services or to obtain operational assistance, please call The Media Center/Presentations desk at ext. 8199.

I AGREE TO ALL THE TERMS STATED ABOVE X _____
Y _____ our Signature