



Information Technology Equipment Request Form

Requests must be made two days in advance. Equipment is limited.

Name: _____ Date: _____

Department: _____

Phone#: _____

Event Start Date: _____ Event Time: _____

Event End Date: _____ Event End Time: _____

Event: _____

Event Location: _____

Off Campus Location: Yes No

If yes, where: _____

Equipment needed for event:

Projector _____ Screen _____

Ethernet cable(s) Extension cords: _____

Other equipment: _____

Date/Time equipment checked out: _____

Equipment picked up by: _____

Date/Time equipment returned: _____

Equipment returned by: _____

By using and taking possession of IT equipment, you take full responsibility for securing the equipment while in your possession and for returning the equipment. If any items are lost or stolen while they are in your possession (checked out to you), you are liable and must replace these items. By signing, I agree to these terms and conditions.

Signature: _____ Date: _____

(to be signed in the IT Office)