

## Audio/Visual Request Form

*Equipment request should be submitted a minimum of 48 hours prior*
<b>Faculty, NOT STUDENTS, must request the equipment and sign the form</b>
<b>DO NOT LEAVE EQUIPMENT UNATTENDED IN YOUR CLASSROOM</b>

Recurring Event	Yes	No
Starting Day/Date		
Ending Day/Date		

**Requestor Information**

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Subject: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Room Number: \_\_\_\_\_

	Start Time	End Time
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		

**Delivery Information**

Delivery Location: \_\_\_\_\_ Pickup Location: \_\_\_\_\_  
 Delivery Date: \_\_\_\_\_ Pickup Date: \_\_\_\_\_  
 (Please let us know if we can pick up the equipment before the end of your class so we can get the equipment to another class if needed)

**Equipment Needed**

(Check ALL that apply)

Gym/Library/Common Area

- |  |   |
|--|---|
| <p>___ Laptop &amp; Projector<br/>                 ___ Laptop Only<br/>                 ___ Projector Only<br/>                 ___ TV and VCR/DVD<br/>                 ___ Smart Board<br/>                 ___ TV/PC Connector<br/>                 ___ Overhead Projector<br/>                 ___ ELMO<br/>                 ___ Other: _____</p> | <p>___ Podium<br/>                 ___ Microphone<br/>                 ___ Large Projector Screen<br/>                 ___ Stereo Equipment<br/>                 ___ Other: _____</p> |
|--|---|
- Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**To avoid damage Facility MUST let the Operations Manager know if they do not know how to use the equipment. AV equipment CANNOT be left in empty unlocked classrooms!**

I understand that I am responsible for the equipment during the time I have requested it.

Faculty/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Office Use</u>	
Date Received: _____	Approved: <u>YES / NO</u>
Operations Manager Signature: _____	Who Delivered: _____
Date Delivered: _____	Inventory Control Number: _____