

Request Form for Extended Checkout

Name of Student: _____

Phone number: _____ Email: _____

Date for checkout:

from _____ at _____ to _____
(Month) (Day) (Time) (Month) (Day)

Equipment Needed: *Must be completed before signatures*

| Camera | Lighting | Audio | Auxiliary |
|--------|----------|-------|-----------|
| | | | |

Purpose for request (must be a project that will be evaluated by a professor, typically for a 300+ level course)

Production Classes Completed:

| | |
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| | |
| | |

Name of Communications
Faculty Sponsor *(please print)*

Signature:

Director of Technology, Operations, and Multimedia Projects
or
Assistant Director of Multimedia Projects
Approval Signature:

Date Approved:
