

Media Equipment Responsibility Form

Media Services, Robert A.L. Mortvedt Library

Student Faculty Staff

Name _____ ID Barcode: _____

(Please Print Legibly)

Telephone: _____

Equipment Borrowed: _____

Class or Event: _____

Class or Event Location: _____

Reservation Start Date: _____ Reservation End Date: _____

Reservation Start Time: _____ Reservation End Time: _____

Faculty/Advisor Name (Print): _____ Phone: _____

Faculty/Advisor Signature Required: _____

(For Students Only)

I understand that I take full responsibility for the care of the equipment borrowed. I will return all equipment borrowed at the reservation end date and time specified on this sheet. I also understand that all equipment borrowed is for classroom or PLU event related use. The equipment will not be used for personal use. If the equipment is used in a residence hall I authorize a member of the Residential Life staff to enter my residence hall room to retrieve equipment at the designated due time.

Signature: _____ Date: _____