



Audio Visual Services

Student Authorization Form

Name (Student): _____ Date: _____

Check-out date: _____ Return (24hr): _____

Equipment description: _____

Equipment identification: _____

Additional items: _____

Location/ Use: **On Campus** _____

Authorized Student (Please print): _____

Student Signature: _____

P- Number: _____

Faculty/Staff:

*I, the undersigned, am aware that, "It is the responsibility of the student for whom I am authorizing by signing this form, to return this equipment in the original condition and to keep this equipment in a secure location during the period of use. If the equipment should become lost, stolen or damaged, such loss would be the **responsibility of the authorizing department** or user if insurance coverage is not provided."*

Faculty / Staff Signature: _____

Department: _____

Phone: _____ Date: _____

A/V Staff Signature _____ Date _____

- A signed authorization form is required for **24** hour reservations.
- Students may not check out laptop computers.