



Media Services Checkout Authorization Form

EQUIPMENT REQUESTED

STUDENT INFORMATION

Name _____ EMU ID _____

Phone _____ Email _____

Address _____

I agree that this equipment will be used solely for class work. I agree to return the equipment on time in the condition that I received it and will be responsible for the damaged equipment.

Signature _____ Date _____

INSTRUCTOR INFORMATION AND AUTHORIZATION

Name _____ Date _____

Area _____

Phone _____ Email _____

I verify that this student needs the above equipment to complete Eastern Michigan University Art coursework. That I will aid the Visual Resources Media Services in reclaiming the equipment should the student not return the equipment on time or in the condition he/she received it.

Signature _____