EQUIPMENT SIGN-OUT FORM

I, _____ request permission to use
(NAME, PLEASE PRINT OR TYPE)

_____ at my off campus
(ITEM)

residence/location _____.
(ADDRESS)

This equipment will be used exclusively for University business only and it will be returned on

_____.
(DATE)

I accept full responsibility for the equipment while it is signed out to me. I understand any damage, lost, or misplaced equipment will be charged to me. I further agree to repair or replace lost or damaged equipment.

_____ _____
(SIGNATURE OF REQUESTOR) (DATE)

_____ _____
(SIGNATURE OF EQUIPMENT CUSTODIAL) (DATE)

_____ _____
(SIGNATURE OF VICE PRESIDENT/PRESIDENT) (DATE)

FORM: B&F ER (2/94)