HOFSTRA UNIVERSITY
THE LAWRENCE HERBERT SCHOOL OF COMMUNICATION

Bolex/DB/SLR

Assigned kit NO

Bolex/Digital Bolex /SLR Request

CONTACT INFORMATION

LAST NAME: .....

FIRST NAME: .....

TELEPHONE: .....

EMAIL ADDRESS: .....

CLASS: ..... PROFESSOR: .....

CHECK-OUT

Date out: ..... Time out: ..... : ○AM ○PM

Day of week S M T W R F S

CHECK-IN

Date in: ..... Time in: ..... : ○AM ○PM

Day of week S M T W R F S

EQUIPMENT REQUESTED

☐ Digital Bolex (RTVF 47)
☐ Film Bolex
☐ 35mm SLR (RTVF 107)
☐ Tripod
☐ Slate
☐ Light Meter Only
(Note: camera kits include a light meter)

OFFICE USE ONLY

☐ EXTENSION Approved by: .....

Date in: ..... Time in: .....
(S)(M)(T)(W)(R)(F)(S) ○ AM ○ PM

Approved / Prepared	Check Out / Check In

☐ Digital Bolex Camera Kit NO .....

OUT IN
○○ Digital Bolex Camera Body
○○ Lens Mount Cap
○○ Digital Bolex Camera Charger (2 pieces)
○○ Sekonic L308S Light Meter
○○ Switronix/CoreSWX Battery
○○ XLR Adapter or 4-pin XLR/D-Tap cable
○○ Switronix Battery Charger
○○ Cineroid EVF Monitor w/Loupe
○○ Cineroid Monitor Mount Arm
○○ D-Tap/Mini-XLR Cineroid Power Cable
○○ HDMI Cable
○○ USB 3.0 Cable
○○ Battery Base Plate on Camera
○○ Base Plate on Switronix/CoreSWX Battery
○○ 10mm Lens (SN_____)
○○ Front and Rear cap
○○ 25mm Lens (SN_____)
○○ Front and Rear Cap
○○ 75mm Lens (SN_____)
○○ Front and Rear Cap
○○ Sekonic Light Meter w/strap & case
○○ Tripod NO .....

☐ 35mm SLR Kit NO .....

OUT IN
○○ Camera body
○○ Lens
○○ Lens Cap

☐ SLATE

OUT IN
○○ Slate NO .....
○○ Dry Erase Marker

☐ Sekonic Light Meter NO .....

OUT IN
○○ Sekonic Light Meter
○○ Strap
○○ Case

☐ Film Bolex Camera Kit NO .....

NOTE: MUST RELEASE SPRING TENSION WHEN RETURNED

OUT IN
○○ Film Bolex Camera Body
○○ Turret Caps (3)
○○ Take-up Reel
○○ Filter Clip
○○ Pistol Grip
○○ Pistol Grip Adapter
○○ Sekonic L-308S Light Meter
○○ Rosewood Stick (1)
○○ 10mm Lens (SN_____)
○○ Front and Rear cap
○○ 25mm Lens (SN_____)
○○ Front and Rear Cap
○○ 75mm Lens (SN_____)
○○ Front and Rear Cap
○○ Sekonic Light Meter w/strap & case
○○ Tripod NO .....
○○ Base Plate (on Tripod)

☐ Additional Equipment

OUT IN
○○ Additional Lens _____ mm
(SN_____)
○○ Front and Rear cap
○○ Additional Lens _____ mm
(SN_____)
○○ Front and Rear cap

I, the above named individual, hereby affirm with my signature that I have received all the equipment marked out, and understand that I shall be bound by all the rules and regulations of the Equipment Room, Lawrence Herbert School of Communication and Hofstra University.

X _____

PRINT FORM

Download/Save this form to your computer, complete and Email your completed request form to: ER@hofstra.edu