

Miscellaneous

Miscellaneous Equipment Request

—CONTACT INFOR	MAH	ON					
LAST NAME:							
FIRST NAME:							
TELEPHONE:							
EMAIL ADDRESS:							
CLASS:							········
CHECK-OUT							
Date out:			ТТ	ime o	out:		○ AM ○ PM
Day of week	S	М	Т	W	R	F	S
CHECK-IN —							
Date in:			7	Γime i	in:	:	○ AM ○ PM
Day of week	S	М	Т	W	R	F	S
IN-HOUSE USE -							
O Studio A	\bigcirc 9	Studi	οВ		Studi	οC	
○ Room Nº							
O Studio Contro	l	() E	ngin	eerin	g		
OFFICE USE ONL							
Date in:					Appro Prep	oved ared	Check Out Check In
SMTWR	(F)(S)		\circ AM	I ○ PM			

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OUT IN	
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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.

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