

Miscellaneous Request

CONTACT INFORMATION

CONTACT INFORMATION
LAST NAME:
FIRST NAME:
TELEPHONE:
EMAIL ADDRESS:
CLASS: PROFESSOR:
CHECK-OUT —
Date out: Time out: OAM
Day of week S M T W R F S
CHECK-IN
Date in: Time in: OAM
Day of week s M T W R F S
IN-HOUSE USE
○ Studio A ○ Studio B ○ Studio C
○ Room N ^o
○ Studio Control ○ Engineering
OFFICE USE ONLY
□ EXTENSION Approved by:
Date in:

□ Office Use Only		
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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