

★ ★ ★ ★ 24 HOUR NOTICE REQUIRED ★ ★ ★ ★

LEARNING RESOURCES CENTER  
**STUDENT EQUIPMENT USAGE AGREEMENT**  
(College of Education and/or Liberal Arts Only)  
(\$25.00 Deposit Required for Video Equipment)

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

For Course \_\_\_\_\_ Department \_\_\_\_\_ Instructor \_\_\_\_\_

Proposed Use \_\_\_\_\_

Room where equipment will be used: \_\_\_\_\_

Date/Time Needed \_\_\_\_\_ Date/Time Will Return \_\_\_\_\_

Equipment needed (please list) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, accept full responsibility for the equipment I borrow and  
(please print name)  
agree to pay for any cost of repair or replacement resulting from my use of the equipment. I also realize the \$25.00 deposit for video equipment will be refunded if the equipment is returned with NO DAMAGE, and I show my I.D. for a refund of the deposit.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature (required) \_\_\_\_\_

*Do not sign if there are any blank fields on the form.*

**For LRC Use ONLY**

Equipment usage approved by: \_\_\_\_\_

Deposit (If Required) Received:  Cash  Check No. \_\_\_\_\_ LRC Personnel (initials) \_\_\_\_\_

Equipment: \_\_\_\_\_  
\_\_\_\_\_

Date and time checked out : \_\_\_\_\_ Checked out by: \_\_\_\_\_

Condition of Equipment at Check Out:  Good  Fair  Poor (Explain) \_\_\_\_\_

Date and Time checked in: \_\_\_\_\_ Checked in by: \_\_\_\_\_

Condition of Equipment at Check In:  Good  Fair  Poor (Explain) \_\_\_\_\_

Deposit refunded: Patron initials: \_\_\_\_\_