

Miscellaneous

Miscellaneous 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

IN-HOUSE USE

Studio A Studio B Studio C

Room No.....

Studio Control Engineering

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

Equipment Requested:

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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