

CHHS Learning Resource Center

Camera, Video Camera and Equipment Check-out

To be completed by borrower. PLEASE PRINT

Name \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

Telephone \_\_\_\_\_

LRC Patron Number \_\_\_\_\_

Date(s) and time for requested equipment \_\_\_\_\_

I understand I will be responsible for damage or loss to the equipment. It is my responsibility to return the equipment promptly to the Learning Resource Center.

I understand that I may keep the equipment for 48-hours unless otherwise authorized.

Signature \_\_\_\_\_

To be completed by LRC employee:

Video camera \_\_\_\_\_ Bar Code # \_\_\_\_\_

Tri-pod \_\_\_\_\_ Bar Code # \_\_\_\_\_

Camera \_\_\_\_\_ Bar Code # \_\_\_\_\_

I have inspected the camera with patron prior to check-out and find it to be in good working condition.

\_\_\_\_\_  
LRC Employee