



## Media Services Checkout Authorization Form

### EQUIPMENT REQUESTED

### STUDENT INFORMATION

Name \_\_\_\_\_ EMU ID \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

I agree that this equipment will be used solely for class work. I agree to return the equipment on time in the condition that I received it and will be responsible for any damaged equipment.

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

### INSTRUCTOR INFORMATION AND AUTHORIZATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Area \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I verify that this student needs the above equipment to complete Eastern Michigan University Art coursework. That I will aid the Visual Resources Media Services in reclaiming the equipment should the student not return it on time or in the condition in which he/she received it.

Signature \_\_\_\_\_