



Equipment Request and Circulation

Reservations for Student Organizations must be approved by the organizations Faculty Advisor 48 Hours in advance

Requestor's Name _____

Lamar ID _____ Requestors Phone Number (____) _____

Department/Organization _____

Event Name _____

Event Date _____ Scheduled By _____

Event Location _____ Event Time _____

Return Date _____ Received By _____

Equipment Needed

Equipment	Tag Number (To be filled out by Media Services)

I understand that by signing this request for equipment, I assume the responsibility for seeing that the regulations governing the usage of equipment from the Media Services Department are properly enforced.

These regulations are defined in the University Appropriate Use Policy 10.01.01.

I further understand, I am responsible for the restitution for any damage or loss to any equipment.

Faculty/Staff Signature _____ Date _____

Email : ServiceDesk@lamar.edu

Phone : 409-880-2222