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| Student Name:  Equipment List:  Facilitator:  Date/Time Out:  Date/Time In: | Student Number:  Contact Info:  Course:  Professor: |

A/V Equipment Loan Form

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Equipment A | Name of Equip: |  | Type of Equip: |  |  |  | | --- | | Equipment Description: | |  |  |  |  | | --- | --- | | Purpose: | Resource Persons: | |  |  |  |  | | --- | | Equipment Information: | |  | | Contents: | |  |  |  |  |  | | --- | --- | --- | | Additional Items: | Person Responsible: | Deadline: | |  |  |  | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Equipment B | Name of Equip: |  | Type of Equip: |  |  |  | | --- | | Equipment Description: | |  |  |  |  | | --- | --- | | Purpose: | Resource Persons: | |  |  |  |  | | --- | | Equipment Information: | |  | | Contents: | |  |  |  |  |  | | --- | --- | --- | | Additional Items: | Person Responsible: | Deadline: | |  |  |  | |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the use of this equipment comes with great responsibility. I understand that I am responsible for its protection and safe keep while it is in my possession. I understand that I am responsible for its appropriate use and will not subject it to any ill or unintended uses. I understand that I am responsible for safely returning it to its proper location at the University’s Learning Resource Center, at the College of Arts and Communication. I understand that all equipment is loaned on a daily basis and must be returned prior to 5:00 PM that same day. I understand that equipment loans are intended for academic use only. I understand that I am responsible for replacing or repairing any damaged or lost equipment, or part thereof. Finally, I understand that this equipment is the property of the University of Eastern Philippines and that my safe and responsible use ensures that it will remain available for use by students in the future.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_