

Date of Request: _____

Kenneth W. Schuler LRC AV Request Form

Minimum 1 Week Notice Required!

AV Equipment is not normally reserved for the entire semester.

Who is making the request?

Faculty Staff Student (4hr limit & must leave ID with Library Staff)

Name (First & Last): _____

TSCT Email: _____ Phone Number: _____

Location of AV Use (Building & Room): _____

Do you need Instruction on how to set up & use this equipment?

Yes –I need instruction & will contact the LRC Staff in the next 24 hours to schedule an appointment for instruction

No –I already know how to set up and use this equipment

Pick Up Date: _____ Pick Up Time: _____ (please allow adequate time for instruction, as needed)

Return Date: _____ Return Time: _____

Please Check Item(s) Needed

- | | | |
|---|---|--|
| <input type="checkbox"/> AV Cart | <input type="checkbox"/> DVD/VCR Player | <input type="checkbox"/> Projection Screen |
| <input type="checkbox"/> Boom Box | <input type="checkbox"/> Laptop | <input type="checkbox"/> Slide Projector |
| <input type="checkbox"/> Cassette Recorder/Player | <input type="checkbox"/> CD Projector | <input type="checkbox"/> Speakers |
| <input type="checkbox"/> Clicker (PowerPoint, etc.) | <input type="checkbox"/> Microphone | <input type="checkbox"/> TV |
| | <input type="checkbox"/> PA System | |

Comments: _____

**You are responsible for the safe and prompt return of this equipment.*

PLEASE FORWARD ALL COMPLETED FORMS TO Library Staff at

LRCStaff@stevenscollege.edu or please drop off at the front desk in the LRC.

Any questions please call 717-299-7753 or email at LRCStaff@stevenscollege.edu

LRC Staff Note: Check out to patron at time of pick-up, modify due date to meet request!