

Date of Request: _____

AV Request Form

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 and use this equipment?

Yes - Please contact the library staff to schedule instruction before pickup (contact information below).

No

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

Return Date: _____ Return Time: _____

Please Check Item(s) Needed

- | | | |
|---|--|--|
| <input type="checkbox"/> AV Cart | <input type="checkbox"/> DVD 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"/> LCD Projector | <input type="checkbox"/> Speakers |
| <input type="checkbox"/> Clicker (PowerPoint, etc.) | <input type="checkbox"/> Microphone | <input type="checkbox"/> TV |
| | <input type="checkbox"/> PA System | <input type="checkbox"/> VHS Player |

Comments: _____

Requester is expected to pick up, set up, and return all AV equipment borrowed.

Please save this form and send it to StaffLRC@stevenscollege.edu, or print and deliver it to the LRC front desk.

Questions? Please call 717-299-7753 or email at StaffLRC@stevenscollege.edu