



LRC AV REQUEST FORM

Minimum One week's notice required!
AV Equipment cannot be reserved for the entire semester.

Student (4 hour limit with ID- which we hold) **Faculty** **Staff**
Please Circle One

Name: _____

Contact number: _____

Email address: _____

Location of AV use: _____

Do you know how to set up? _____ If yes, please pick up about 1/2 hour before needed, if not we will teach you.

Will require AV beginning (day/date/time)

_____ until _____
Day Date Time Day Date Time

Please circle item or items requested

- | | | |
|-------------------|--------------------|-------------------|
| AV/Cart | Laptop Computer | PA system |
| Boom Box | LCD Projector | Projection Screen |
| Cassette Recorder | Microphone | Slide Projector |
| DVD/VCR Player | Overhead Projector | TV |

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 drop off at the library.

Questions call 717-299-7753

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