



Equipment Checkout Form

Equipment Checked Out: _____

Date Needed: _____ to _____

Organization/Department: _____

Contact Information: Name: _____ Phone: _____

E-mail: _____ Advisor: _____

Box #: _____

The Student Union Equipment is being checked out in the above person/organizations name and those person(s) are responsible for the equipments proper return. The Student Union Equipment will be checked out and tested to make sure it is in working order and tested again upon return. If the above stated equipment is damaged then the responsible parties will be charged the replacement value for the equipment. The Student Union reserves the right to suspend room reservation privileges to any and all of the above stated person(s) or organizations which fail to cover the cost to any damaged equipment. If a student(s) refuse to pay for damages then a flag may be put on their record causing the inability to register for classes and/or graduate. The Student Union reserves the right to cancel any event or equipment check out if the need arises.

I agree to the following policies and procedures stated above for using Student Union and Student Union equipment.

Signature: _____

You can fill out this form electronically. Please complete, print, and return to the Student Union Office in Lankford by campus mail or by hand.