

**AV EQUIPMENT SIGN OUT**

Date: \_\_\_\_\_

**Student Information:**

- Name \_\_\_\_\_

- Address \_\_\_\_\_

- MaineStreet ID: \_\_\_\_\_

- Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**By signing this I accept full financial responsibility for this item. My ability to register for courses may be suspended if unpaid fines, repair, or replacement costs exceed \$100.00.**

-Signature \_\_\_\_\_ Date \_\_\_\_\_

**Equipment requested/date needed:**

\_\_\_\_\_  
\_\_\_\_\_

**Instructor name:** \_\_\_\_\_ **Course #:** \_\_\_\_\_

**Description of project: (MUST BE FILLED IN)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Misuse of equipment, using equipment for purposes other than course projects, and continuous check outs and renewals will result in suspension of borrowing privileges for AV equipment.**