

REQUEST FOR CLASSROOM AUDIO-VISUAL EQUIPMENT

Instructor _____

Class _____

Building _____ Room _____

Time _____ to _____ Date _____

Standing Order _____ Day(s) of week _____

LIST EQUIPMENT AND ACCESSORIES (If a vcr is needed, please note if 1/2" or 3/4")

1. _____
2. _____
3. _____
4. _____

***Requests should be received at least 48 hours before the equipment is needed.**