Media Center
STATE UNIVERSITY OF NEW YORK
STATE COLLEGE OF OPTOMETRY

IN-HOUSE MOBILE EQUIPMENT RELEASE FORM

DATE: _____

BORROWER: _____

DATE REQUIRED: _____

TIMES NEEDED: _____

FULL SEMESTER LOAN: _____ _____
YES NO

EQUIPMENT : _____

_____

_____

_____

_____

_____

_____

_____

I accept responsibility for the above listed equipment while it is in my custody. I agree to notify the Media Staff immediately if my class/lecture ends early and I require an earlier pickup time. In the event that equipment is used late (after Media business hours) I will notify University Police for pickup.

SIGNATURE: _____