



A.V. Request Form
Deliver Completed Form
to Room 327 or Fax to
(585) 395-8636

NAME & DEPT: _____ COURSE #: _____ Faculty/Staff
If student, Print Name _____ Student
Student Banner ID or SSN: _____ Other

PH. # DAY: _____ EVENING: _____

E-MAIL ADDRESS: _____

ROOM #: _____ FLOOR: _____

DAY(S) NEEDED: _____ DATE(S) NEEDED: _____

TIME: _____ a.m. /p.m. TO: _____ a.m. /p.m.

(Please reserve only for time blocks during which equipment will be used.)

A.V. Equipment (Please Indicate)

**Note: Equipment is subject to availability and is assigned on a first come-first served basis.*

- LCD Projector Setup
 - With Computer
 - Without Computer
- Cassette Recorder/Player (ID)
- Camcorder/Tripod (ID)
- Remote Control For TV/VCR
- TV/VCR
- Smart-Cart
- Conference Phone
- Closed Caption Ability: Yes No
- Specify Other ADA Needs: _____
- Cables (Type) _____
- Digital Camera (Faculty Use Only)
- DVD Player
- Extension Cord
- Internet Access
- Overhead Projector
- Slide Projector
- Other : _____

- I have worked with the above requested equipment.
Most recent date: _____ Initial _____
- I have **not** worked with the above requested equipment and will contact a staff member to schedule training.
Initial _____

LIABILITY

The borrower of this equipment/item is liable for any damage or loss.

Signature: _____ Date: _____

Please Fax to:
The College at Brockport MetroCenter (585) 395-8636 at least
three business days in advance to reserve equipment.

| | | |
|----------------------------|-----------------------|---|
| For office use only | | |
| Date Received: _____ | Staff Initials: _____ | Processed: <input type="checkbox"/> By: _____ |
| Revised: 3/10/09 | | Other Processed: <input type="checkbox"/> By: _____ |