

**SUNY BROCKPORT
METROCENTER**

**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: _____ Staff Initials ____
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.*

- | | |
|--|--|
| <input type="checkbox"/> LCD Projector Setup | <input type="checkbox"/> Cables (Type) _____ |
| <input type="checkbox"/> With Computer | <input type="checkbox"/> Digital Camera (Faculty Use Only) |
| <input type="checkbox"/> Without Computer | <input type="checkbox"/> DVD Player |
| <input type="checkbox"/> Cassette Recorder/Player (ID) | <input type="checkbox"/> Extension Cord |
| <input type="checkbox"/> Camcorder/Tripod (ID) | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> Remote Control For TV/VCR | <input type="checkbox"/> Overhead Projector |
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> Slide Projector |
| <input type="checkbox"/> Smart-Cart | <input type="checkbox"/> Other : _____ |

Closed Caption Ability: Yes No
 Specify Other ADA Needs: _____

- 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: _____

For office use only Date Received: _____ Staff Initials: _____ Processed: <input type="checkbox"/> By: _____ Other Processed: <input type="checkbox"/> By: _____ Revised for Web: October 22, 2005

Please Fax to SUNY Brockport MetroCenter at (585) 395-8636 at least one week before date needed.