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.