



# REQUEST TO EXTEND USE OF EQUIPMENT/MEDIA

Date of Request \_\_\_\_\_ Extension/Phone Number \_\_\_\_\_

Requested by \_\_\_\_\_ Dept/Division \_\_\_\_\_

Print

I acknowledge receipt of the following listed IMC items to be used in connection with the instructional program of Antelope Valley College or for professional development. It is understood that if the item(s) is needed by the IMC during the extended loan period, it will immediately be returned upon receiving a request from the IMC staff.

Room number where item(s) will be kept \_\_\_\_\_

**All off campus use requests require an *Off Campus Request* form approved in advance by the Manager, Instructional Resources & Design**

Fax 661.722.6452

Equipment	AVC Number	Equipment	AVC Number
<input type="checkbox"/> Smart Cart (PC)	_____	<input type="checkbox"/> Dry Erase Easel	_____
<input type="checkbox"/> Smart Cart (Mac)	_____	<input type="checkbox"/> Small	_____
<input type="checkbox"/> PC Laptop (available soon)	_____	<input type="checkbox"/> Large	_____
<input type="checkbox"/> Mac Laptop (available soon)	_____	<input type="checkbox"/> Document Camera	_____
<input type="checkbox"/> VCR	_____	<input type="checkbox"/> Portable LCD	_____
<input type="checkbox"/> Television	_____	<input type="checkbox"/> Portable Screen	_____
<input type="checkbox"/> Display Easel	_____	<input type="checkbox"/> Overhead Projector	_____
<input type="checkbox"/> How many?	_____	<input type="checkbox"/> Other _____	_____
	_____		_____

661.722.6451

Media Title	Accession Number
_____	_____
_____	_____
_____	_____

Item(s) will be returned on \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Requester \_\_\_\_\_

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For Office Use Only

Approved

\_\_\_\_\_

Authorized IMC Staff: \_\_\_\_\_ Date \_\_\_\_\_

Alex Parisky, Shirlene Thatch, Cheryl Burleson, Kim Whitaker.

Item(s) returned

\_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_

Initials \_\_\_\_\_